



Bark Beetle Tree Removal Project

Request for Reimbursement Form

(A separate form must be used for each address where trees have been removed)

Reimbursement Applicant Information (Please print clearly or type)

Reimbursement Applicant Name		Telephone Number	
Street Address	City	State	Zip
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Agency	Other: _____

Property Owner Information (If different from above)

Property Owner Name		Telephone Number	
Street Address	City	State	Zip

Tree Removal Information

Street address of trees removed	City	State	Zip
Date trees were removed: _____ (Only trees removed on or after April 3, 2003, are eligible for reimbursement)			
Number of trees removed: _____	Are the stumps remaining? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the invoice attached? <input type="checkbox"/> Yes	
Have previous Request For Reimbursement Forms been submitted for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state when: _____			
Were any federal, state or local agency funds or assistance used in removal of trees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain and attach documentation showing amount or type of assistance received: _____			

The information contained on this form and on the attached documentation is accurate, and I have neither submitted, nor will I submit, a request for reimbursement for removal of the subject trees to any other agency or organization, except as identified above.

Signature: _____ Date: _____

Mail completed form(s) with copies of tree removal invoice(s) and other documentation to:

SCE Tree Removal Reimbursement Program
P.O. Box 9090
Redlands, CA 92375-2290

To be completed by SCE

Date Received: _____ Reimbursement Request Number: _____