



# ALBANY CALIFORNIA

## PARKS, RECREATION & OPEN SPACE APPEAL—CITY TREE REMOVAL

### GENERAL INFORMATION

**Who:** Any applicant or party with standing may appeal a decision by the Parks, Recreation & Open Space Commission regarding City tree removal

**When:** A written appeal must be filed within 15 calendar days of the Commission decision

**Where:** Appeals of Parks, Recreation & Open Space Commission decisions are filed with the City Clerk

**Cost:** Refer to Master Fee Schedule (non-refundable)

**Process:** Appeals of the decision by the Parks, Recreation & Open Space Commission shall be heard before the City Council at their earliest possible regularly scheduled meeting. Public notice of the City Council meeting shall include the same notification as set forth in Sections 2.5 and 2.6 of the CITY TREE REMOVAL POLICY AND PROCEDURES. After considering public testimony and the findings of the Urban Forester and the Parks, Recreation & Open Space Commission, the City Council shall determine if the City Tree Removal Permit will be approved or denied. The decision of the City Council shall be final.

Date of decision being appealed:        /        /

Type of decision: **Please check one**

Tree Removal Approval ☐

Tree Removal Denial ☐

If you have any questions regarding this procedure, please contact the City Clerk (510) 528-5710  
cityclerk@albanyca.gov  
or Urban Forester (510) 559-4275  
apworks@albanyca.gov.

Submit this Appeal Form with fee to:  
Attn: City Clerk  
City of Albany  
1000 San Pablo Avenue  
Albany, CA 94706

City Tree Location/Address: \_\_\_\_\_

Tree Species/No.: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Appellant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Basis of Appeal: (Please be precise. Attach additional sheets if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received by: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Appeal Agenda Date: \_\_\_\_\_

Council Action: Uphold ☐

Overturn ☐