BACKYARD TREE PLANTING PROGRAM



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Property Owner Permission Form

I.	being the legal representative at:
(Full Name of Property Owner)	
(Address of Property, includ	ing Municipality and Postal Code)
of LEAF to enter the property to plant at their conv	ne above noted property. I permit staff and/or agents enience. I understand and accept that LEAF is not ense that I or other occupants or guests may incur as
(Signature of Property Owner)	(Date)