



*City Of Westminster Tree Commission
Heritage Tree Nomination Form*

I. Nominator Information

Property Owner Info. *If known

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email Address _____

Email Address _____

Property/Tree Owner Information

Designated Neighborhood: _____

Location (Street Address): _____

Species of Tree (Common or Botanical Name): _____

Single/Collection of trees (If Collection, How Many Trees): _____

Size: Height (approx.) _____ feet

Crown (approx.) measure distance of total spread from one side to other: _____ feet

Circumference (distance around trunk at 4.5 feet from ground): _____ inches

Age of Tree (If Known/Estimate): _____

II. To Be Completed by City Arborist:

Condition check all that apply and explain any issues on back of page:

___ Healthy ___ Diseased ___ Pruning/Structural Problems ___ Other _____

III. What is the most noteworthy about the tree/trees, check all that apply:

___ Size ___ Visibility ___ Rare Horticultural Value ___ Aesthetic Qualities ___ Historical

Other Comments: _____

Submit Nomination Form to:
City of Westminster, Attn: Tree Commission
45 West Main Street,
Westminster, MD 21157
(410) 848-9000
www.westminstermd.gov