Parkway Tree Reimbursement Program

Reimbursement Request Form

Name: __________________________________________________________

Address: ___________________________________________________________________

Phone Number: ___________________ Email: _____________________________

I have attached a copy of the paid in full bill/invoice for the purchase and installation of ___________
parkway tree(s).

I request the Public Works Department inspect the tree(s) to verify the plantings have been completed
and to process this reimbursement as allowed by the program.

- Only trees that are pre-approved qualify for reimbursement. See the full brochure on
  www.southholland.org
- The Village of South Holland will pay up to half the cost ($150 maximum). Homeowner is
  responsible for remaining costs. Please allow 3-4 weeks for processing.

I agree to:

- water the tree(s) at least once a week with 10-12 gallons of water (more as needed during periods
  of high heat and drought)
- maintain a mulch ring 12-18” in diameter around the tree(s) @ 3-4” deep to help conserve
  moisture, control weeds, and protect roots from extreme heat and cold

Resident Signature: ___________________________________________ Date: __________

Please return this form with a copy of the paid in full bill/invoice either in person at the Public Works Office or,
by mail to:

Village of South Holland - Public Works Department
16226 Wausau Ave., Building C
South Holland, IL 60473

For Office Use Only:

Date Received: _______________ Copy of paid Bill/Invoice Attached: __________
List Number: ___________________ Number of Trees Planted: _________________

Species & Size: 1. __________________________________________________
2. __________________________________________________

Reimbursement Approval: _________________ Amount: ________________