



www.deadrivercampersinc.com
email: drcicampers@gmail.com

Mail To:
DRCI
P.O. Box 323
Ishpeming, MI 49489

Request # _____

TREE REMOVAL REQUEST
(Please Allow 30 Days for Processing)

REQUEST: (to be completed by shareholder)

Date of Request: _____

Shareholder Name: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

Basin Address: _____

Request:

****PLEASE NOTE:** That if stumps are being removed a Soil Erosion Permit must be submitted with request.

****Stumps and debris CANNOT be disposed of on DRCI property** Stumps will be marked at time off approval.**

Signature: _____
Shareholder Making Request

Respondent section: (To be completed by DRCI)

Date of Visit: _____

- () Request Granted
- () Request Granted with Modification (see comments/recommendations)
- () Request Not Granted (see comments/recommendations)

Signature: _____
DRCI Board Member