

Significant Tree Register nomination form



City of HOBART

When to use this form

Use this form if you would like to nominate a tree/s to be included on the Significant Tree Register.

You may nominate individual trees, groups of trees or hedges. Please use separate forms for each unrelated nomination.

Nominations close Monday 8th November 2021.

Please note, nominations will not be accepted without a photo of the tree/s.

For further information visit our website or contact us on 62382715 or at coh@hobartcity.com.au.

Person nominating tree/s

First name Required

Last name Required

Postal address Required

Telephone number Required

Email address Required

Name of tree/s

Are you nominating more than 1 tree in the same group? (Select 1 option) Required

- yes
- no

The information in the field below applies if you selected 'yes' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Please note if you are nominating more than 1 tree and the trees are in separate groups you will need to complete a separate form for each group.

Complete this field if you selected 'no' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Botanical name (if known) Required

Complete this field if you selected 'no' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Common name Required

Complete this field if you selected 'no' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Is the tree: (Select 1 option) Required

- evergreen?
- deciduous?

Complete this field if you selected 'yes' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Botanical names (if known) Required

(Please indicate the number of trees of each species)

Complete this field if you selected 'yes' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Common names Required

(Please indicate the number of trees of each species)

Complete this field if you selected 'yes' in *Name of tree/s: Are you nominating more than 1 tree in the same group?*

Are the trees: (Select 1 or more options) Required

evergreen?

deciduous?

Please attach a photo of the tree/s Required



Please attach all files to the end of this form before submitting it.

Location of tree/s

Where is the tree/s located? (Select 1 option) Required

Public property

Private property

The information in the field below applies if you selected 'Private property' in *Location of tree/s: Where is the tree/s located?*

Please do not enter private property without the owner's permission.

Complete this field if you selected 'Public property' in *Location of tree/s: Where is the tree/s located?*

Does the location have a street address? (Select 1 option) Required

yes (within a property boundary)

no (on a road reserve or other public location)

Complete this field if you:

- selected 'yes (within a property boundary)' in *Location of tree/s: Does the location have a street address?*

Or if you:

- selected 'Private property' in *Location of tree/s: Where is the tree/s located?*

Address of property Required

Complete this field if you selected 'no (on a road reserve or other public location)' in *Location of tree/s: Does the location have a street address?*

Address of adjacent property Required

Description of the location of the tree/s Required

Attach a sketch of the location if possible



Please attach all files to the end of this form before submitting it.

Any additional known information about the tree/s (e.g. age, history, height, trunk circumference)

Identify which categories of significance you think the tree/s meets (Select 1 or more options)

(please refer to the detailed categories of significance available on our [website](#))

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Reasons for nomination

Please give reasons why you think the tree/s should be included on the Significant Tree Register. Required

Please attach any additional information or supporting documentation which may help to illustrate the significance of the tree/s



Please attach all files to the end of this form before submitting it.

Declaration

In submitting this form: (Select 1 or more options)

- I declare the information and attachment/s I have provided are true and correct. Required
- I agree that by typing my name below I have signed this form. Required

Name of signatory Required

Date Required

For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form