



"PROGRESS THRU PARTICIPATION"

Department of Public Works

3900 Berdnick Street • Rolling Meadows, Illinois 60008 • 847-963-0500 • Fax: 847-963-0555

EMERALD ASH BORER (EAB) TREATMENT PERMIT APPLICATION

The City of Rolling Meadows hereby grants permission to the undersigned applicant to treat a tree(s) in the public right-of-way for Emerald Ash Borer (EAB) in accordance with City ordinances. The tree(s) are the property of the City of Rolling Meadows and the applicant assumes the risk that if the treatments are not successful and the tree(s) become hazardous as deemed by the City Forester, the City of Rolling Meadows has the right to have the tree(s) removed.

APPLICANT: Please fill in the information below. The City of Rolling Meadows requires as much information possible to record any success/failure of any treatment/product being used. Your address will be placed on a separate list and you will be notified any time the status of your treated tree(s) has changed.

(please print)
Name of Applicant: _____ Date _____

Address of Applicant: _____

Phone Number: (day) _____ (evening) _____

Name of Tree Company/Arborist performing treatment: _____

Treatment type performed (check one): Soil Drench Soil Injection
 Trunk Spray Trunk Injection

Treatment product used (check one): Imidacloprid (Merit, Xytect, IMA-jet, Imicide)
 Emamectin Benzoate (Tree-äge)
 Other _____

State of Illinois Pesticide Applicator/Operator Number _____

Cost of treatment (optional information):\$ _____ Number of trees treated: _____

Signature of Applicant: _____

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(Do not write below this line)

DATE APPLICATION RECEIVED: _____

APPROVED: Performance Bond Required: ___ yes ___ no Date Received _____

DISAPPROVED: _____

DATE: _____

SIGNED: _____

This permit is valid for one (1) year after date of approval.

Rolling Meadows City Forester