



Volga Tree Program

Property Owner Name: _____

Address Where Tree(s) Will be Planted:

Mailing Address (where a reimbursement check can be sent to):

Phone Number: _____ E-mail Address: _____

Describe location where the tree is to be planted: _____

Draw a site map of where the tree is to be planted.

By signing below the property owner agrees to monitor rainfall and, if necessary, water the tree(s) according to standard recommendations for the specific tree type.

Property Owner Signature: _____

Date

Return completed application with a detailed receipt to:

Volga City Hall
PO Box 217
226 Kasan Ave, Volga SD 57071

Approval Signature, City of Volga: _____

Date

All applications and receipts will be reviewed and reimbursed (if all qualifications are met) on a first-come, first-rebated basis.