

CITY OF SAUSALITO
VIEW CLAIM – REQUEST FOR ADVISORY DECISION

APPLICATION

TRP _____

APPLICANT (AKA CLAIMANT) INFORMATION

Name _____

Address _____

Day Phone _____ Email Address _____

PROPERTY OWNER INFORMATION (If different from applicant)

Name _____

Address _____

Day Phone _____ Email Address _____

TREE OWNER INFORMATION

Name _____

Address _____

Day Phone _____ Email Address _____

DATES OF PRIOR ACTIONS

Claimant's Written Request to Tree Owner for Initial Reconciliation (Required)

Claimant's Written Request to Tree Owner for Mediation (Required)

Claimant's Written Request to Tree Owner for Binding Arbitration (Optional)

On supplemental sheet(s), describe the following:

- **VIEW**, including extent of view that existed when Claimant purchased property
- **VIEW OBSTRUCTION**, including percentage of total view obstructed
- **BENEFITS DERIVED FROM TREE(S)**, including privacy and wind screening provided by tree(s) to Tree Owner; impact on use, economic value and enjoyment of Tree Owner's property
- **BURDENS CREATED BY TREE(S)**, including impact on use, economic value and enjoyment of Claimant's property
- **REQUESTED ACTION(S)**, for example, thinning, shaping, topping, removal, replacement
- **PROPOSED ALLOCATION OF COSTS**

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APPLICANT/CLAIMANT’S AND PROPERTY OWNER’S AUTHORIZATION AND VERIFICATION

I (We) hereby grant permission for the Trees and Views Committee members and any City Officials to enter the Property Owner’s property to inspect the tree(s) for making an advisory decision on this View Claim. If a quorum (three or more members) of the Trees and Views Committee meets on the property, a publicly-noticed meeting is required and interested parties are allowed to enter the property during the publicly-noticed meeting. I (We) grant this permission subject to the following conditions. If none, check here []

I (We) hereby declare under penalty of perjury under the laws of the State of California that the information in this application and the accompanying materials are true, complete, and correct.

SIGNATURES

Applicant/Claimant Date

Property Owner Date

For questions contact:
Community Development Department
420 Litho Street
Sausalito, CA 94965
415/289-4128 Voice
415/339-2256 Fax

Permit Fee Paid	_____
Receipt No.	_____
By (Initials)	_____
Date Stamp	