

Long Hill Township Shade Tree Commission

Challenge Grant Program Application

Applicant's Name _____

Applicant's Address _____

Lot and Block Number of the Property _____

Applicants Phone Number _____

Number of trees Requested _____

Amount of Check (\$175 / Tree) \$ _____
(maximum of two trees per property)

Checks should be made out to: Long Hill Township
Add notation on the check: Challenge Grant Program.

A member of the Shade Tree Commission will contact the applicant to schedule a time to meet the homeowner and locate the tree on the property. The Shade Tree Commission reserves the right to make the final decision on location.

The property owner will:

- Be responsible for watering, general maintenance and care of the tree(s).

THE PROPERTY OWNER DOES HEREBY RELEASE THE TOWNSHIP, ITS AGENTS AND EMPLOYEES, FROM ALL LIABILITY IN CONNECTION WITH ANY CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF THE PLANTING OF ANY TREES BY THE TOWNSHIP. THE TOWNSHIP DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE TREES ARE SOLD "AS IS".

Applicants Signature: _____ Date _____