



50/50 Parkway Tree Program Reimbursement Form

Date: _____

Name: _____

Address: _____

Phone #: _____

Email: _____

Cost of tree(s) only (do **not** include tax, delivery, installation, etc.) \$_____

The City will reimburse 50% of the tree ONLY up to \$175.00 per tree.

Species of tree(s) planted: _____

Date of planting: _____

Signature: _____

A copy of your receipt must be included in order to receive reimbursement.

Please send completed form and receipt to:

City of Lockport
17112 S. Prime Blvd.
Lockport, IL 60441