



DEPT of PARKS
and RECREATION

VALPARAISO

3210 Campbell St. • Valparaiso, IN 46385 • 219/462-5144

FAX • 219/465-0098

VALPARAISO TREE FUND

INFORMATION SHEET

We hope that the following important information assists you in understanding and accessing the Valparaiso Tree Fund.

- A. An applicant must be a city resident (those persons that reside within the Valparaiso City limits and that pay Valparaiso City taxes) as verified by Department of Parks and Recreation personnel.
- B. The owner-occupant city resident of any single-family residence, duplex, triplex or fourplex residential unit, may apply to the office of the Department of Parks and Recreation for reimbursement for newly planted trees pursuant to the following rules and procedures:
 1. Within 90 days from the purchase of the tree, the applicant shall present documentation evidencing the amount paid for any non-exempt tree and complete a written form as supplied by the Department of Parks and Recreation requesting reimbursement;
 2. The Department of Parks and Recreation shall verify that such tree has been planted outdoors on the applicant's residential site within the City, including the parkway area within the public Right-of-Way;
 3. Upon such verification, the Department of Parks and Recreation shall remit to the applicant, if a sufficient amount resides in the Tree Fund, 50% of the cost of such tree(s), but not to exceed \$100 per residence per year. This remittance shall be done once per month following approval of claims by the Park Board at their monthly meeting.
- C. Whenever there is an insufficient amount in the Tree Fund to cover qualifying applications, such applications shall be held and paid when funds become available in the sequence they were submitted. No claims shall be carried past December 31 of each year.

(See Exempt Tree List on back of this page)



EXEMPT TREE LIST - Trees that can be planted but will not be reimbursed by the Tree Fund because of problems with disease, strength and longevity.

Ailanthus Altissima (also known as Tree of Heaven)

American Elm (except disease-resistant varieties)

Black Locust

Black Pine

Box Elder

Choke Cherry

Cottonwood

Mulberry

Osage Orange (also known as Hedgeapple)

Silver Maple

Sumac

Willow



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The City of Valparaiso has established a Tree Fund, dedicated to the replacement and preservation of trees within the City of Valparaiso. This Tree Fund is being administered by the Department of Parks and Recreation. As an owner of private property within the city limits of Valparaiso, the applicant may be eligible for reimbursement for planting trees, according to the following rules and procedures.

Procedure for reimbursement

1. Complete this application form and attach tree proof of purchase.
2. Approval or denial of an application is based on eligibility requirements listed below and sufficient funds within the Tree Fund, within 5 business days.
3. Upon final approval and verification by the Horticulture Division of the Park Department, the applicant will receive 50% of the cost of the tree(s), not to exceed \$100 per applicant per year. Please allow 4-8 weeks for Reimbursement checks to be issues through the mail.

Eligibility Requirements

To be eligible for reimbursement, the tree shall be

- visible from a public way
- 2" caliper or greater
- a species approved by the Valparaiso Parks Department (Refer to "Tree Selection and Care Guide")
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~ ~ ~ ~ A p p l i c a t i o n ~ ~ ~ ~

Property Owner's Name _____

Street Address (Be sure to indicate number) _____

Daytime Telephone Number (____) _____ Evening Telephone Number (____) _____

Approximate location of tree: _____

Type of Tree (Refer to Tree Selection and Care Guide): _____

Indicate Price of Tree \$ _____ (Attach receipt)

Signature of Applicant: _____ Date: ____ / ____ / ____

(Signature indicates receipt of "Tree Selection and Care Guide")

***Park Department Use Only - Original to Accounting Department
- Copy of form and receipt to Horticulture***

_____ ***Final Approval***

_____ ***Final Denied - Reason:*** _____

Horticulture Staff Signature: _____

Claim Processed: ____ / ____ / ____ Initials: _____

