

Moira Shire Council
44 Station Street Cobram Vic 3644

PO Box 578 Cobram Vic 3643
E: rabberfield@moira.vic.gov.au

T: (03) 5871 9222
F: (03) 5872 1567



FREE URBAN FRUIT TREE REMOVAL OFFER VALID FOR OCTOBER & NOVEMBER 2017

Thank you for helping to control Queensland Fruit Fly by requesting the removal of your unwanted fruit trees.

Please complete this form and return it to your relevant council office and you will be contacted by phone to discuss the arrangements for removal.

Name of Property Owner	
Property Address	
Phone	

Type and number of trees for removal (Please indicate Small, Medium or Large)								
Type	No of trees	Size S/M/L	Type	No of trees	Size S/M/L	Type	No of trees	Size S/M/L
Apple			Pear			Cherry		
Orange			Mandarin			Nashi		
Peach			Nectarine			Persimmon		
Lemon			Lime			Prickly Pear		
Apricot			Plum			Loquat		
Other	Please describe							

I confirm that I am the owner of the property listed on this form for removal of the host tree/s. Yes No (Please circle)
I consent to my contact details being given to the relevant contractor to enable them to contact me regarding the removal of my tree/s. Yes No (Please circle)
Signature of Property Owner:

Date of Request: _____

Greater Shepparton City Council 90 Welsford St Shepparton (03) 5832 9700	Moira Shire Council 44 Station St Cobram (03) 5871 9222	Campaspe Shire Council 2 Heygarth St Echuca (03) 5481 2200	Strathbogie Shire Council 109A Binney St Euroa 1800 065 993
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INSTRUCTIONS FOR CUSTOMER SERVICE STAFF

1. Upon receipt of Urban Fruit Tree Removal Offer form check the completion of the form and confirm applicant details against the ratepayer roll.
2. Number the form as follows: initial of council and number of form. Eg Shepparton City – SC, Moira – M, Strathbogie – S, Campaspe – C; followed by the next consecutive number.
Eg M-009 is Moira form no 9,
S-043 is Strathbogie Form no 43

GMV Fruit Fly Action Group



3. The form is then Signed and dated by the Customer Service staff member and then filed in the Tree Removal folder for collection by the Regional Fruit Fly Coordinator.

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OFFICE USE ONLY – CUSTOMER SERVICE STAFF	
Request Number (Generate and add number as per procedure)	
Council Property ID (Insert)	
Owner Confirmation (Name on rate notice matches name on this form)	Correct Not correct (Please circle)
Customer Service Name, Signature & Date	Name Signature Date
OFFICE USE ONLY – REGIONAL FRUIT FLY COORDINATOR	
Nominated Contractor (Regional Coordinator to nominate)	
Date Contractor Advised (Regional Coordinator to advise)	
SIGN OFF – TREE REMOVAL CONTRACTOR & PROPERTY OWNER TO COMPLETE	
Contractor Details	
Date of completion	
No of trees removed	
Contractor Acknowledgement	Signed: Date:
Property Owner Acknowledgement	I confirm that the details on this form are correct and the tree removal has been carried out to my satisfaction. Signed: Date:

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