



**COUNTY GOVERNMENT OF NYERI**  
**OFFICE OF THE COUNTY CHIEF OFFICER**  
**ENVIRONMENT & NATURAL RESOURCES**

**APPLICATION TO FELL TREES**

1. M/S .....of P. O. Box .....

Cell phone no..... Village.....Location.....

Hereby request for permission to fell.....(No) tree of.....  
species in.....Plot No..... or place (Name).

Reasons for felling trees are

A.....

B.....

C.....

**You are required to plant at least 2 trees for every tree felled once approval is granted.**

I will abide with the rules and regulations of the approving authorities.

NAME.....SIGNATURE.....DATE.....

**2. FOR OFFICIAL USE ONLY**

The site was visited and tree/trees have been found to/not pose any dangers to human and neighboring structures, including electrical cables.

A. Institution receiving the produce for produce in public land  
.....

**ASSESSMENT**

CHIEF

.....

SIGNATURE.....DATE.....STAMP.....

**AUTHORISATION**

FORESTER / SUB COUNTY ENVIRONMENTAL OFFICER

.....

SIGNATURE.....DATE.....STAMP.....

**N.B: Extra care should be exercised when dealing with INDIGENOUS TREE species**



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**FOREST PRODUCE RECEPIENT FORM**

I ..... of ( Institution receiving the produce) .....  
 have received (fuel wood, Timber , poles, withies )

No.	Description of forest produce / service	No/ volume
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SIGNATURE.....DATE.....STAMP.....

**Name of approving**  
 officer.....  
 .....

Designation.....Signature.....  
 .....

Date.....Stamp.....  
 .....

