

City Arborist
Department of Public Works
City of Cambridge
147 Hampshire Street
Cambridge MA 02139

CERTIFICATION OF CERTIFIED ARBORIST Form "A"

Date _____

I, _____, certify that:

1. It is my professional opinion that the tree (the "Tree") identified in the accompanying permit application and ISA Basic Tree Risk Assessment form (the "Assessment Form"), in accordance with a Level 2 ISA, BMP Tree Risk Assessment, is at high or extreme risk of failure within the next two years and that no alternative reasonable mitigation of the risk exists other than by the removal of the Tree;
2. I have personally overseen the inspection of the Tree and the property on which it is located (the "Property") that is referred to in the attached Assessment Form and this Certification and have stated my findings accurately. The extent of my assessment of the Tree is stated in the attached Assessment Form;
3. I have no current or prospective ownership interest in the Property associated with the Tree that is the subject of this Assessment Form and Certification, and I have no personal interest or bias with respect to the parties involved;
4. The analysis, opinions and conclusions stated herein are my own;
5. My compensation associated with this ISA Basic Tree Risk Assessment and this certification is not contingent upon the reporting of a predetermined conclusion that favors the cause of the owner of the Property or any other party; and
6. All of the above statements are made in my professional judgment in accordance with standards of conduct required for certified arborists.

Signature

ISA Number _____

MCA Number _____