VALLEY VIEW VILLAGE
APPLICATION FOR SUMMER SEASON LAWN MOWING SERVICE
FOR RESIDENTS 65 YEARS OF AGE AND OLDER OR DISABLED

I,_____BIRTHDATE_____

REQUEST THAT VALLEY VIEW VILLAGE MOW MY/OUR LAWN DURING THE 2015 SEASON AT THE FOLLOWING ADDRESS:

_____

PLEASE CIRCLE ONLY ONE OF THE FOLLOWING:

THE REASON FOR MY APPLICATION IS: AGE 65+ (OR) DISABILITY

IF DISABILITY, STATE THE FORM OF DISABILITY AND PROVIDE A DOCTOR'S CERTIFICATE STATING DISABILITY

_____

LIST BELOW ALL OTHER PERSONS WHO REGULARLY LIVE AT YOUR RESIDENCE AND THEIR AGES. IF YOU FEEL THAT ANY OTHER PERSONS WHO OCCUPY YOUR RESIDENCE (UNDER AGE 65, BUT 16 OR OLDER ARE NOT CAPABLE OF PERFORMING MOWING TASKS, INDICATE THE REASON).

NAME	AGE	REASON

THE VILLAGE WILL PROVIDE LAWN MOWING SERVICE UNDER NORMAL CONDITIONS AND AS DETERMINED AS SAFE BY THE SERVICE DIRECTOR OR THE SERVICE SUPERVISOR. I UNDERSTAND THAT MY LAWN WILL BE MOWED WHEN TIME AND WEATHER PERMITS. IN CONSIDERATION OF HAVING THE SERVICE DEPARTMENT (216) 524-1087 OF THE VILLAGE OF VALLEY VIEW MOW MY/OUR LAWN, I/WE HEREBY AUTHORIZE THE VILLAGE OF VALLEY VIEW, ITS AGENTS, SERVANTS AND EMPLOYEES TO ENTER UPON MY/OUR PROPERTY WITH LAWN MOWING EQUIPMENT AT ANY REASONABLE TIME, AND I/WE HEREBY AGREE TO HOLD THE VILLAGE OF VALLEY VIEW, ITS AGENTS, SERVANTS, AND EMPLOYEES HARMLESS FOR ANY PROPERTY DAMAGE THAT MIGHT OCCUR AS THE RESULTS OF THE MOWING SERVICE FOR MY/OUR LAWN WHETHER SAID DAMAGE IS CAUSED BY AN ACT OF NEGLIGENCE OR OTHERWISE.

OWNER SIGNATURE_____DATE_____

ADDRESS_____

PHONE NO._____

PLEASE RETURN THIS FORM TO CLERK CAROL TOMASKO AT THE TOWN HALL OR TO THE COMMUNITY CENTER FRONT DESK

APPROVAL:		DISAPPROVED	APPROVED
MAYOR PIASECKI	(216) 524-6511	_____	_____