

CHANGES TO VILLAGE GRASS CUTTING PROGRAM

On April 2, 2019 the Valley View Village Council passed Ordinance 2019-4-4 which made the following changes to the Village grass cutting program for seniors and disabled residents:

To qualify for lawn mowing service, the following shall apply:

- (1) The resident must be at least 65 years of age or temporarily or permanently disabled.
- (2) **The property being serviced by this program must be owner/occupied.**
- (3) **There shall be an annual mowing fee of \$100.00 per residence due with the application.**
- (4) There is no able-bodied person residing with the resident capable of mowing the residents lawn, be such person male or female, over 16 years of age or older. **The resident requesting lawn service shall sign an affidavit stating there is no one living at the home between the ages of 16-65 capable of mowing the resident's lawn.**
- (5) Medically impaired residents must present a doctors certificate or other proof, stating the disability, along with an application, which shall be kept on file.

(b) Application is for the calendar year 2019 and must be renewed annually. All applications shall be submitted to the Clerk, and approved by the Mayor.

(c) All residents that qualify for the lawn mowing service shall execute the following statement: "In consideration of having the Village of Valley View mow my/our lawn of my/our residence, 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 may occur as a result of the entrance onto my/our property, whether said damage is caused by an act of negligence or otherwise." All signed statements shall be filed with the Clerk and shall be open to public inspection during regular business hours.

(d) Lawn mowing services will be performed using Village equipment, no earlier than 7:30 a.m. as scheduled by the Street Commissioner or Service Department Foreman. Lawn size shall be limited to one acre per residence and shall be limited to the discretion of the Street Commissioner or Service Department Foremen.

Applications for the grass cutting program are available in this newsletter or at the Village Hall and Community Center.

**VALLEY VIEW VILLAGE
APPLICATION FOR 2020 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 2020 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

THE VILLAGE WILL PROVIDE LAWN MOWING SERVICE UNDER NORMAL CONDITIONS AND AS DETERMINED AS SAFE BY THE SERVICE DIRECTOR OR THE SERVICE DEPARTMENT FOREMAN. I UNDERSTAND THAT MY LAWN WILL BE MOWED WHEN TIME AND WEATHER PERMITS.

IN CONSIDERATION OF HAVING THE VILLAGE OF VALLEY VIEW SERVICE DEPARTMENT MOW MY/OUR LAWN OF MY/OUR RESIDENCE, 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 MAY OCCUR AS A RESULT OF THE ENTRANCE ONTO MY/OUR PROPERTY, WHETHER SAID DAMAGE IS CAUSED BY AN ACT OF NEGLIGENCE OR OTHERWISE.

BY SIGNING BELOW I/WE CERTIFY THAT THERE ARE NO OTHER PERSONS WHO REGULARLY LIVE AT MY/OUR RESIDENCE BETWEEN THE AGES OF 16-65 WHO ARE CAPABLE OF PERFORMING MOWING TASKS. I/WE FURTHER CERTIFY THAT I/WE ARE THE OWNER OF THIS RESIDENCE AND THAT I/WE RESIDE ON THE PREMISES. I/WE UNDERSTAND THAT MOWING WILL BE LIMITED TO **ONE ACRE ONLY**. THE COST WILL BE **\$100.00 PER YEAR**.

(NON-REFUNDABLE FEE MUST ACCOMPANY THE APPLICATION).

MAKE CHECKS PAYABLE TO THE VILLAGE OF VALLEY VIEW.

OWNER SIGNATURE _____ DATE _____

ADDRESS _____

PHONE NO. _____

PLEASE RETURN THIS FORM TO CLERK-TREASURER CAROL TOMASKO (216-524-6511) AT THE TOWN HALL OR TO THE COMMUNITY CENTER FRONT DESK (\$100.00 NON-REFUNDABLE FEE MUST ACCOMPANY APPLICATION).

APPROVAL:

DISAPPROVED

APPROVED

JERRY PIASECKI (216) 903-8928 _____
