

# **VILLAGE OF SCHILLER PARK**

## **SENIOR/DISABLED GRASS CUTTING PROGRAM**

Applications are available at the Village Hall, for download on the Village website, or by mail by calling (847) 678-2550.

### **QUALIFICATIONS:**

Resident must be 65 or older. If under 65, resident must be medically disabled and have no other person residing in the household that is able to cut/mow the lawn.

Resident must obtain a medical verification note from their physician stating that they are unable cut/mow the lawn. This will stay on file at the Village Hall.

### **GUIDELINES OF PROGRAM:**

An application must be completed with requested services and signed on an annual basis.

**The deadline for submitting a completed application is May 15<sup>th</sup> each year.**

The grass cutting services are done by an independent contractor that is hired by the Village. The following service will be provided to each applicant upon completion of the application and approval by The Village.

- Lawn will be cut and edged once per week.
- Sidewalks will be power blown to remove excess clippings.
- A monthly bill will be sent to you from the Village. The charge is \$10.00 per cut. In the event payment is not received within thirty (30) days of the invoice, you will be removed from the program.

The applicant agrees to the following:

- The lawn must be free of all feces.
- The program does not include fertilizing, trimming of bushes, trees or plants, watering grass, plants, bushes trees, etc.

VILLAGE OF SCHILLER PARK  
GRASS CUTTING PROGRAM APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE  
NO(S) \_\_\_\_\_

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REASON FOR APPLICATION: (please check where applicable)

- \_\_\_\_\_ I am age 65 or older.
- \_\_\_\_\_ I am under 65, medically disabled, and have no other household member able to cut/mow my lawn.
- \_\_\_\_\_ I have enclosed a medical note from my doctor confirming my disability and inability to cut/mow my lawn.  
**(mandatory)**

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The resident(s) hereby release and hold the Village, its officers, officials, and employees harmless for any damage to property or other liability which arises directly or indirectly from the Village's grass cutting program. The resident(s) hereby release and hold the Village, its officers, officials, and employees harmless for any injuries or liabilities sustained by the resident(s) or others caused, directly or indirectly by the grass cutting program

I agree to pay for the grass cutting removal services and to be billed monthly for the services by the Village of Schiller Park. I also understand that I have 24 hours to contact the Village with any discrepancies or I will be responsible for any and all charges.

Signature \_\_\_\_\_ Date \_\_\_\_\_