



VILLAGE OF SCHILLER PARK

SENIOR/DISABLED GRASS CUTTING PROGRAM GUIDELINES

Applications are available at the Village Hall. They can also be downloaded on the Village website at <https://www.villageofschillerpark.com/documentcenter/view/854>, or requested by calling (847) 678-2550.

QUALIFICATIONS:

Resident must be 62 or older or, if under 62, must be medically disabled. If disabled, resident must obtain medical verification from a physician stating that he/she is unable cut/mow the lawn. This will stay on file at the Village Hall. Anyone found misrepresenting their qualification for this program will be removed from the program and might be subject to a \$100.00 fine.

Residents do not qualify if there is another person residing in their household that is able to cut/mow the lawn.

GUIDELINES OF PROGRAM:

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

The deadline for submitting a completed application is May 15th each year.

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

- Lawns will be cut to a height of 3" and edged **once per week** starting around the week of April 1st and will continue until approximately November, depending on weather. **The contractor** will make the decision regarding end date as fall approaches.
- Excess grass clippings will be removed from sidewalks.
- The charge is \$10.00 per cut. You will receive a monthly bill from the Village. If payment is not received within thirty (30) days of the invoice, you will be removed from the program.

If you cancel before the program ends, you will be required to pay a \$50 fee in March of the following year, which must be paid in full before you can apply for the following year.

The applicant agrees to the following:

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



VILLAGE OF SCHILLER PARK

SENIOR/DISABLED GRASS CUTTING APPLICATION

Name _____

Address _____ Schiller Park, IL 60176

Home Phone () _____ - _____ Cell Phone () _____ - _____

Names and ages of other household members: _____

REASON FOR APPLICATION: (PLEASE CHECK ONE)

_____ I am 62 or older and no one in my household is able to cut my grass.

_____ I am under 62, medically disabled and no one in my household is able to cut my grass. I am enclosing the requested medical verification from my doctor confirming my disability.

The resident(s) hereby releases and holds harmless the Village, its officers, officials, and employees for any damage to property or other liability which arises directly or indirectly from the Village's Grass Cutting Program.

The resident(s) hereby releases and holds harmless the Village, its officers, officials, and employees 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 Schiller Park for the grass cutting services within 30 days of receipt of each invoice, which will be received monthly. I also understand that I have 24 hours after each service to contact the Village with any discrepancies or I will be responsible for all charges.

If I cancel before the program ends for the season, I will be subject to a \$50.00 fee in March of the following year, which must be paid in full before I am able to apply for the grass cutting program.

Signature: _____ Date: _____