

VILLAGE OF FRANKLIN PARK 2010 GRASS CUTTING PROGRAM CRITERIA

QUALIFICATIONS:

1. Applicant must be a resident of the Village and must be disabled or have a severe health problem and there is no one else in the household or family that can mow the lawn.
2. Each member within the applicant's household must obtain a medical verification note from their physician stating that they are unable to mow the lawn. Such verification shall remain on file at the Village Hall.

TERMS:

An application must be completed and signed on an annual basis, to enroll in the program. The application is to be mailed or delivered to the Village Hall, 9500 Belmont Avenue, Franklin Park, Illinois 60131, and Attention: Health & Human Resources Department.

1. The Health Department will review the application and accompanying documentation and determine if the applicant qualifies for the program. If the applicant qualifies for the program the application will be forwarded to the Streets Division of the Utility Department. The Streets Division will complete a "Pre-Cut" Inspection of your lawn.
2. The following service will be provided to an applicant upon completion of the inspection and approval by the Streets Division:
 - Lawn will be cut as needed, as determined by the Village, weather permitting, but in no event will the lawn be cut more than once per week. Cutting will begin in the third week of May and continue through the third week of August.
 - Sidewalk will be power blown of excess grass clippings.
 - A monthly bill will be sent to you from the Village Comptroller's office. The charge is \$7.00 per cut. In the event payment is not received within thirty (30) days of the date of the invoice, the applicant hereby authorize and agrees that the Village shall have the unilateral right to add the delinquent amount due to the water bill for the property and has the further right to disqualify the applicant and property from the program and discontinue future service.
3. The applicant agrees to the following:
 - The lawn must be free of all feces.
 - The program does not include:
 - a. Fertilizing the grass.
 - b. Edging.
 - c. Trimming the bushes, trees or other plants.
 - d. Watering the grass, plants, bushes, trees, etc.
 - e. Weed Whacking.

4. The applicant may withdraw from the program by providing the Health Department with written notice. Such notice shall include a specific withdrawal date which shall not be less than seven (7) days from the date the notice is received by the Village. The applicant shall pay the Village for any services rendered prior to the withdrawal date.
5. The Village may terminate, suspend or close the enrollment period for the program, at anytime.
6. The Village may limit the number of participants in the program. In such case, space in the program will be filled on a first come, first serve basis. Completed applications must be received by the Department of Health and Human Resources no later than the close of business on May 14, 2010.
7. The applicant hereby agree to hold the Village, its officers, officials, employees and agents harmless for any damage or loss to the property, which arises directly or indirectly from the Village's grass cutting program, except for gross negligence or willful misconduct.

I have read the guidelines and terms listed above and understand and agree to the program criteria, requirements and penalties and further expressly agree to hold the Village harmless for any damage to the property, as herein described.

(signature of applicant)

(date)

(print name)

(print address)

Village of Franklin Park 2010 Grass Cutting Application Form

The Village of Franklin Park will offer grass cutting services to property owners who are disabled, handicapped or have severe health problems and have no one else in the household or have no one who can cut the lawn. The charge will be \$7.00 per cut.

Those interested in the grass cutting program must complete this application. Medical verification from your doctor must be enclosed.

ATTENTION:

The Village may limit the number of participants in the program. Space in the program will be filled on a first come, first serve basis.

Completed applications must be received by the Department of Health and Human Resources no later than the close of business on May 14, 2010.

Please bring or mail this form along with your physician's verification note to:

Village of Franklin Park
Attn: Health & Human Resources
9500 West Belmont Avenue
Franklin Park, IL 60131

The grass cutting program will be in operation from the third week in May until the third week in August or such other time as the Village elects to terminate the program. The cost is \$7.00 per cut.

Number of people residing in the residence: _____

In addition to the applicant, please list the individuals residing in residence.

Name

Checklist:

- Neither myself, or a family member is able to cut my grass.
- I agree to, and have signed the attached program criteria.
- The medical verification from the physician is enclosed for each member of the household.
- Medical verification is currently on file with the Village (for grass cutting program or snow shoveling program).

Name: _____

Address: _____

Phone Number: _____