

**COVERT TOWNSHIP SENIOR MILLAGE
CHORE SERVICE AND HOME REPAIR
QUALIFICATION APPLICATION**

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Do you own the property? _____

Do you live at the property all year round? _____

Do you pay Covert Township property Taxes? _____

Are the taxes in your name? _____

What services are you requesting? _____

Signature: _____ Date: _____

COMPLETE, SIGN AND RETURN TO COVERT TOWNSHIP OR EMAIL: OFFICEMANAGER@COVERTTWP.COM