

**COVERT TOWNSHIP SENIOR MILLAGE
CHORE SERVICE AND HOME REPAIR
SERVICE QUOTE**

Completed by
contractor prior to
work being done

APPLICANT: FIRST M. LAST NAME	ADDRESS/ZIP
CONTRACTOR: FIRST M. LAST NAME	QUOTE NUMBER
CONTACT NUMBER	EMAIL ADDRESS
STREET ADDRESS	CITY/STATE/ZIP

All services and/or repairs requested **WILL REQUIRE** a Service Quote from the contractor and/or handyman to be approved by the Senior Services Program Administrator **PRIOR** to any services being performed.

WHAT SERVICES WILL YOU PERFORM?

CHORES SERVICES:

- Replace electric plugs, frayed cords
- Installing windows screens or storm doors (already owned by applicant)
- Weatherproofing home – around windows and doors
- Cleaning appliances, walls, or windows
- Cleaning and securing carpets and rugs
- Clearing attic or basement of fire hazards
- Painting
- Yard Clean-Up (grass cutting, leaf raking)
- Trimming small overhead tree branches (not requiring a ladder or chainsaw)
- General Clean-Up
- Other: _____

Labor Hourly Rate: \$ _____ Hours: _____ Total: \$ _____

Supplies: _____

Total of Labor and Supplies: \$ _____.

HOME REPAIR:

- Exterior building repairs: roof and siding
- Structural repair: foundation or flooring
- Door, window, or home hardware repairs/replacement
- Plumbing, drain or water supply repair
- Electrical or heating system repair
- Interior wall or fixture repair/replacement
- Exterior stair, porch, or deck repair
- Other: _____

Labor Hourly Rate: \$ _____ Hours: _____ Total: \$ _____

Supplies: _____

Total of Labor and Supplies: \$ _____.

I, _____, certify I will perform the described listed services at the address stated above. These services will be completed in accordance with the Minimum Service Standards as outlined by Covert Township’s Senior Millage. I have received a copy of such standards from the homeowner.

Date: _____

.....
OFFICE USE ONLY:

Senior Service Program Administrator Signature: _____

Date: _____