FORM: 2024SCQ-7

COVERT TOWNSHIP SENIOR MILLAGE

SEASONAL CHORE SERVICE INVOICE

COMPLETED BY CONTRACTOR/HANDYMAN & HOMEOWNER ONCE WORK IS COMPLETED

	ME A	ADDRESS/ZIP
CONTRACTOR: FIRST M. LAST N		QUOTE NUMBER Seasonal Chore (Sc)
CONTACT NUMBER	E	EMAIL ADDRESS
STREET ADDRESS		CITY/STATE/ZIP
PAYABLE TO: Name		
Mailin	g Address	
Work	done for	on
Checks will be processed	between 14-20 Busines	ss Days upon receipt of this paperwor
CHORES SERVICES: Clearing walkways and/o Yard Clean-Up (grass cu Trimming small overhead General Clean-Up	tting, leaf raking) d tree branches (not requirin	
-		
-		Total: \$
☐ Other: Labor Hourly Rate: \$	Hours:	Total: \$

1 | P a g e FORM: 2024SCQ-7

Senior Chore Service Quote Revised: 05.31.2024

FORM: 2024SCQ-7

PLEASE Be Aware that checks will be processed between 14-20 Business Days upon receipt of the Service Invoice Form.

CONTRACTOR/HANDYMAN COMPLETION REPORT

	senting that t	he
Contractor Signature: Date of Completion: HOMEOWNER ACKNOWLEDGEMNET , the above-named senior resident, confirm that the work has been completed. () I am satisfied () I am not satisfied Reason for dissatisfaction or other comments: Homeowner Signature:	(company name or self)	
Contractor Signature: Date of Completion: HOMEOWNER ACKNOWLEDGEMNET , the above-named senior resident, confirm that the work has been completed. () I am satisfied () I am not satisfied Reason for dissatisfaction or other comments: Homeowner Signature:	ecordance with Minimum Service Standards	at the
Homeowner Signature: HOMEOWNER ACKNOWLEDGEMNET Homeowner Signature:		
Homeowner Signature: HOMEOWNER ACKNOWLEDGEMNET Homeowner Signature:		
HOMEOWNER ACKNOWLEDGEMNET , the above-named senior resident, confirm that the work has been completed. () I am satisfied () I am not satisfied Reason for dissatisfaction or other comments: Homeowner Signature:		
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() I am satisfied () I am not satisfied Reason for dissatisfaction or other comments: Homeowner Signature:	confirm that the work has been completed	
Reason for dissatisfaction or other comments: Homeowner Signature:	_	
Homeowner Signature:		
	//////////////////////////////////////	
Resident Signature (Chore Only):		
,		
OFFICE USE ONLY:		
Senior Service Program Administrator Signature:	nature:	
Date:		
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Senior Chore Service Quote Revised: 05.31.2024