

COVERT TOWNSHIP SENIOR MILLAGE

SEASONAL CHORE SERVICE INVOICE

COMPLETED BY CONTRACTOR/HANDYMAN & HOMEOWNER ONCE WORK IS COMPLETED

APPLICANT: FIRST M. LAST NAME	ADDRESS/ZIP
CONTRACTOR: FIRST M. LAST NAME	QUOTE NUMBER Seasonal Chore (Sc) _____
CONTACT NUMBER	EMAIL ADDRESS
STREET ADDRESS	CITY/STATE/ZIP

PAYABLE TO: Name _____
Mailing Address _____
Work done for _____ on _____

Checks will be processed between 14-20 Business Days upon receipt of this paperwork

CHORES SERVICES:

- ☐ Clearing walkways and/or driveway of ice, snow and leaves
- ☐ 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: \$ _____.

I, _____, representing _____ that the
 (your name) **(company name or self)**
 above work has been completed in accordance with Minimum Service Standards at the
 address stated above.

Date of Completion:

() I am satisfied () I am not satisfied

Reason for dissatisfaction or other comments: _____

Homeowner Signature: _____

Resident Signature (*Chore Only*):

Senior Service Program Administrator Signature: _____

Date: