

**Elder Chore Program
Authorization for Lawn Care and Snow Removal Services**

I am requesting:

_____ Lawn Care _____ Snow Removal

I am:

_____ Enrolled and 62 years or older (copy of enrollment card attached)

_____ Enrolled and Disabled (copy of enrollment card and proof of disability attached)

_____ 62 year old Widow/Widower of Enrolled member (proof of age attached)
(enrolled spouse name) : _____

I acknowledge and verify by my signature below;

- **I have read the policy for Lawn Care and Snow Removal Services of the Stockbridge-Munsee Community (Tribe).**
- **I understand that the Stockbridge-Munsee Community is NOT responsible for damages resulting during the provision of services.**
- **I am providing my primary residence address.**
- **I have attached the required documentation.**
- **I authorize the Stockbridge-Munsee Community to provide Lawn Care and/or Snow Removal Services per policy.**

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Primary Residence Address: _____

Phone #: _____