

WINNEBAGO TRIBAL FACILITIES DEPARTMENT
SENIOR LAWN PROGRAM APPLICATION

Date: _____

Name: _____

Address: _____

DOB: _____

Age verification _____

lease verification _____

Agreement:

I have exhausted all resources to have my lawn mowed and am requesting the facilities department to mow my lawn as a last resort. I fully understand that this is a courtesy provided and funded by the Winnebago tribe of Nebraska and is free of charge.

I also accept that my request may take time to be fulfilled. I will provide the necessary information requested by the department to prove my status or inability to mow my lawn. I will not complain or harass the facilities department staff at any time. By signing below I understand that this privilege may be taken away if I do not follow the agreement and requirements.

Requirements:

1. Must have exhausted all resources to have lawn mowed. I.e. personal mower broken, no relative to mow or inability to pay laborer for mow.
2. Must be 65 years or older and provide proof. I.e. state id with date of birth; or
3. Must provide Dr. signed hospital excuse stating inability to mow own lawn. I.e. handicap or disability.
4. Provide proof of persons living in home. I.e. lease
5. Lawn must be totally free of debris, facilities staff will not pick up debris
6. Release the Winnebago Tribe of Nebraska and the Facilities Department for any damages.

By signing below I understand I must meet the requirements, agree to the statement above and will provide verification before my application is approved.

Name of applicant

Date

Approved by

Date