

LANDSCAPE/EXTERIOR SERVICE REQUEST – VILLAGE RESPONSIBILITY

NAME: _____	DATE: _____
ADDRESS: _____	<input type="checkbox"/> HOMEOWNER
PHONE NO.: _____	<input type="checkbox"/> REPORTING PARTY

LOCATION OF WORK REQUESTED: FRONT SIDE REAR

WORK REQUESTED: ONE ITEM ONLY PER GREEN SHEET

ANIMALS: GOPHERS _____ BEES: _____

SOD/SEED: or RE-SEED WEEDS: REMOVE

SPRINKLERS: BROKEN AREA DRY WET REQUIRE ADJUSTMENT

SHRUBS: TRIM REMOVE REPLACE

Note that these items will normally be done at the time the shrub crew is in your Village. Please do not duplicate your request.

TREES: TRIM REMOVE REPLACE ROOTS: REMOVE

CONCRETE ROOF STUCCO EXTERIOR WOOD TRIM

PRESSURE WASH TRASH VAULT:

DESCRIBE PROBLEM: _____

FOR LVA OFFICE USE ONLY:

W/O NUMBER _____ WORK COMPLETED BY: _____

H/O NOTIFIED BY: DOOR HANGER IN PERSON DATE _____

ACTION TAKEN: _____

MATERIALS USED: _____

LABOR: _____ WORK TO COMPLETE _____

Do Not Detach (Office Use Only)

Your green sheet was received and brought to the attention of the appropriate department on _____

Anticipated date that your green sheet will be complete is week ending _____
 We appreciate the opportunity to be of service to you. Should any problems arise in the future, or if you need additional assistance, please call 484-2861.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Gophers | <input type="checkbox"/> Shrubs | <input type="checkbox"/> Tree Stake |
| <input type="checkbox"/> Bees/Wasps | <input type="checkbox"/> Sod/Seed | <input type="checkbox"/> Vault |
| <input type="checkbox"/> Mailboxes | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Stucco | <input type="checkbox"/> Wood Replacement |
| <input type="checkbox"/> Roots | <input type="checkbox"/> Tree Fertilizer | |

Contract Items (Contract expected start time _____)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Roof | <input type="checkbox"/> Tree Replacement |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Tree Pruning | |
| <input type="checkbox"/> Pressure Washing | <input type="checkbox"/> Tree Removal | |

OFFICE USE ONLY

Date Assigned _____

Card Mailed _____

Entered in System

YES NO

By _____

Date _____

W/O# _____

Expected Completion _____