



APPLICATION FOR SENIOR/DISABLED GRASS CUTTING PROGRAM
BY THE CITY OF BEDFORD HEIGHTS
2023 GRASS CUTTING PROGRAM

Ward:
Area:
Criteria Verified:
Office Use Only

**ANSWER ALL QUESTIONS.
**APPLICANT MUST SIGN FRONT AND BACK OR YOUR APPLICATION WILL BE REJECTED.

PART I

NAME:

STREET ADDRESS:

PHONE: APPLICANT'S DATE OF BIRTH: AGE:

CHECK CATEGORIES THAT APPLY TO APPLICANT AND THE HOUSEHOLD

- SENIOR (age 65 and older)
DISABLED ADULT MEETING FEDERAL GOVERNMENT CRITERIA (must provide proof)
SPOUSE WHOSE MILITARY DEPENDENT SPOUSE HAS BEEN DEPLOYED (must provide proof)
BEDFORD HEIGHTS HOME OWNER

IS ANY OTHER PERSON RESIDING AT THE SAME ADDRESS UNDER AGE 65? Yes No

LIST ALL PERSONS RESIDING AT THE SAME ADDRESS

Table with 2 columns: NAME, AGE. Multiple rows for listing residents.

PART II

**ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby swear that the information contained in this Application is true and correct to the best of my knowledge. I hereby authorize the City of Bedford Heights to verify information submitted as to residents at same address on the Database.

The undersigned, hereby agrees, for consideration of grass cutting service to be provided by the City of Bedford Heights Service Department or a private contractor for the City of Bedford Heights, Ohio in accordance with the Rules and Regulations of the Bedford Heights Senior Grass Cutting Program, to hold harmless and release the City of Bedford Heights, its agents and employees from any and all suits, claims or damages which may arise as a result of the grass cutting program rendered on the premises of the undersigned for his/her convenience and waive any claim on his/her behalf arising from said City service.

