

**COVERT TOWNSHIP SENIOR MILLAGE
CHORE SERVICE AND HOME REPAIR
SERVICE INVOICE**

**Completed by
Homeowner & Contractor
once work is completed**

CONTRACTOR FIRST M. LAST NAME	INVOICE NUMBER
APPLICANT FIRST M. LAST NAME	QUOTE NUMBER

*****All Labor Invoices and Supply Receipts Are Required*****

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:

- Replace electric plugs, frayed cords
- Installing windows screens or storm doors (already owned by applicant)
- Weatherproofing home – around windows and doors
- Cleaning appliances, walls, or windows
- Cleaning and securing carpets and rugs
- Clearing attic or basement of fire hazards
- Painting
- 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: \$ _____.

HOME REPAIR:

- Exterior building repairs: roof and siding
- Structural repair: foundation or flooring
- Door, window, or home hardware repairs/replacement
- Plumbing, drain or water supply repair
- Electrical or heating system repair
- Interior wall or fixture repair/replacement
- Exterior stair, porch, or deck repair
- Other: _____

Labor Hourly Rate: \$ _____ Hours: _____ Total: \$ _____
 Supplies: _____
 Total of Labor and Supplies: \$ _____.

CONTRACTOR/HANDYMAN COMPLETION REPORT

I, _____, representing _____ that the above work has been completed in accordance with Minimum Service Standards at the address stated above.

Contractor Signature: _____
 Date of Completion: _____

HOMEOWNER ACKNOWLEDGEMNET

I, the above-named senior resident, confirm that the work has been completed.

() I am satisfied () I am not satisfied

Reason for dissatisfaction or other comments: _____

Homeowner Signature: _____

Resident Signature (*Chore Only*): _____

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OFFICE USE ONLY:

Senior Service Program Administrator Signature: _____
 Date: _____