

**CITY OF BERKLEY
HOMECHORE RECIPIENT**

YOUR PERSONAL INFORMATION GOES HERE

NAME: _____
ADDRESS: _____
PHONE: _____

EMERGENCY CONTACT INFORMATION

Closest family member, relative &/or friend

NAME: _____	PHONE (home): _____
ADDRESS: _____	PHONE (work): _____
CITY, STATE, ZIP: _____	PHONE (cell): _____

TYPE OF SERVICE NEEDED

Yard Maintenance: (check all that apply)

___ Grass Cut	___ Gutters Cleaned
___ Leaves Raked	___ Snow Removal

Miscellaneous: _____
(please explain)

Household Requirements: (check all that apply)

___ Minor Maintenance	___ Daily Reminders
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Miscellaneous: _____
(please explain)

Date of Birth: _____ Monthly Income: _____
(Social Security/Pension Only)

I hereby verify that this information is correct and true to the best of my knowledge.

Signature

Date

Please return to:
Berkley Parks & Recreation
Attn: Sue Thornton
2400 Robina
Berkley, MI 48072

For Office use only: Approval: _____ Date: _____ Co-Pay: _____
