



Village of Riverwoods
 300 Portwine Road
 Riverwoods, IL 60015
 Phone: 847-945-3990

Canopy & Subcanopy Tree Thinning Cost-Share Program Application

Owner's Name:	Owner's Telephone:	For Village Use	Permit Number	Fee \$100	Issue Date	Exp. Date
Owner's Address:						
Contractor's Name:	Contractor's Telephone:					
Contractor's Address:						
Contractor's e-mail:						
Contact Person (normal hours and emergency):						
Attach copy of Contractor's Certificate of Insurance & Pesticide Applicators License						

Description of Planned Work

Provide a brief description of proposed work including intent or purpose (attach Program Eligibility Map/Plan if applicable)

Contractor Proposal/Contract, Invoice, & Applicant Reimbursement	For Village Use
1) Total amount invoiced by Contractor	\$
2) Total amount of Village reimbursement requested (50%: limit \$4,000)	\$

** Attach copy of executed Contractor proposal/contract and invoice

Owner Statement of Certification and Village Approval

I, owner of the property shown on the drawing in Riverwoods, Illinois, do hereby state that I am familiar with and certify that all work will be completed in accordance with the Program Eligibility Map/Plan and Contractor Specifications.		For Village Use	
Owner Signature:	Date:	Permit Sign Off Signature:	Date:
		Performance Standard Sign Off Signature:	Date:
Owner Printed Name:		Village Final Reimbursement Approval Signature:	Date: