



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

**Invasive Shrub Removal Cost-Share Program Application**

Owner's Name:	Owner's Telephone:	<b>For Village Use</b>	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 & Herbicide Applicators License.**

**Description of Planned Work**

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


<b>Contractor Proposal/Contract, Invoice, &amp; Applicant Reimbursement</b>	<b>For Village Use</b>
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.		<b>For Village Use</b>	
Owner Signature:	Date:	Permit Sign Off Signature:	Date:
		Performance Standard Sign Off Signature:	Date:
Owner Printed Name:		Village Final Reimbursement Approval Signature	Date: