



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

**Garlic Mustard Removal 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 and 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 of invoiced by Contractor

\$

2) Total amount of Village reimbursement requested (50%: limit \$2,000)

\$

\*\*Attach copy of executed Contractor proposal/contract & 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:

Final Village Reimbursement Approval Signature:

Date: