## May 1, 2021 through October 31, 2021

## LAWN MOWING REIMBURSEMENT APPLICATION FORM

Name:	Address:
City:	State& Zip Code:
Phone No:	Tribal ID:
THIRD-PARTY	LAWN MOWING SERVICE PROVIDER INFORMATION
Name:	Address:
City:	State & Zip Code:
Phone No:	Business Name:
_	he U.S may be reimbursed for lawn mowing services provided to their viders. The maximum reimbursement an Elder may receive over the entire
you are the person who mowed you	own third-party mowing service provider. You will not be reimbursed if ur own lawn. Except for those residing at Phase II (Rent to Own), those are ineligible for reimbursement, as the Pokagon Band already provides
receipt(s) from the third-party servi Incomplete applications, application	ou must complete and return this application along with invoice(s) or ce provider. We may contact your service provider for verification. ns without invoice(s)/receipt(s), and applications received after November mbursements will be paid until annual budget funds are exhausted. ate(s) of service.
The completed application with acc	ompanying invoice(s)/receipt(s) must be returned to:
Elders Council/P.O. Box 180 Dowagi	ac Michigan 49047
Any questions call Elders Hall, (800)	-859-2717 or (269)-782-0765
By my signing below, I certify that a	Il information provided on this application is true/correct.
Signature of Applicant:	Date:
Print Name:	