

PIQUA CITY HEALTH DEPARTMENT
LAWN MAINTENANCE CONTRACTORS

COMPANY NAME	
COMPANY ADDRESS	
PRIMARY PHONE NUMBER	
SECONDARY PHONE NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	

TYPE OF WORK	(circle all that you are able to provide)
	Residential Lawn Mowing
	Commercial Lawn Mowing (larger lots)
	Vacant Lot Mowing
	Tree Trimming
	Bush / Shrub Trimming

AVAILABILITY:	
START DATE:	
SCHEDULED VACATIONS:	
Other unavailable days/weeks:	
How do you want to be notified?	Primary Phone Secondary Phone E-Mail