



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

Garlic Mustard Removal Cost Share Program Application

Owner's Name:	For Village Use	Permit Number	Application fee: \$100
Owner's Address:			
Owner's Telephone:	Owner's Email		
Contractor's Name:			
Contractor's Address:	Contractor's Telephone		
Contact Person:	Contractor's Email		
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 Contractor proposal	

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: