

Jane Doe
123 Main St
Cleveland, OH 44101

LANDSCAPE MAINTENANCE PROPOSAL FOR 2018 SEASON

Spring Cleanup

Remove leaves and debris from beds, re-establish existing bed edges, remove weeds from beds and cultivate soil. Dead foliage will be removed from perennials and ornamental grasses. Lawn areas will be verticut, if needed, and cut.

Labor Rate \$40.00 per hour per laborer

Mulch Installed _____ yards of **dark brown** or **black** mulch installed \$_____

Weekly Lawn Cutting

The lawn will be cut. Beds, curbs, sidewalks and driveways will be edged, as needed. Lawn areas that can't be reached with mower will be line-trimmed. All hard surfaces will be blown off.

In the fall, leaves blown off all lawn areas before cutting will be billed at \$40.00 per hour per laborer.

Lawn cut \$_____per time

Bed and Shrub Care

Includes pruning/trimming of shrubs, weeding and cultivating beds and re-establishing bed edges. Weeds and vegetation in cracks of driveways and sidewalks will be sprayed with a non-selective herbicide. Bed and Shrub Care visits can be scheduled at different intervals based on your needs and the demands of your property.

Labor Rate \$40.00 per hour per laborer

___As Requested ___Every 7 Days ___Every 14 Days ___Every 21 Days ___Every 30 Days

Weed Man Lawn Fertilization

4 Granular Fertilizer, 2 Liquid Weed controls, 1 Lime and 1 Grub Control application: \$_____ per app.

Fall Core Aeration \$_____

Perimeter Pest Control 4 applications \$ 49.00 per application

Fall Cleanup (November-December, weather permitting)

Remove all leaves from beds, shrubs and lawn areas. Annuals will be removed. Perennials/Roses will be cut down. Lawn will be cut, weather permitting

Labor Rate \$40.00 per hour per laborer

Gasoline surcharge (ONLY IF/WHEN PRICE EXCEEDS \$3.15/gal.) \$_____ per month.

Ohio Sales Tax will be applied to all charges. Accounts are billed at the end of each month. A 2% per month service charge will be added to any overdue balance. All work not covered above will be billed on a time and material basis. All additional work needs to be approved by client. To begin service, place your initials or a "✓" on the line(s) to the left of the service(s) you want us to provide, sign and return the white signed copy to us as soon as possible.

Signature _____

Date ____/____/____