

# ★ Waiver of Landscaping Maintenance ★

(Return this form **ONLY** if you **DO NOT WANT** pruning or weeding)

Homeowner: \_\_\_\_\_ Unit: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By returning this waiver of landscaping maintenance, please be advised that ***I DO NOT WANT*** the following landscaping services performed at the above referenced unit.

## **Please check all that apply:**

- I **do not want** the Landscapers to **PRUNE MY SHRUBS**
- I **do not want** the Landscapers to **WEED MY GARDEN**

By signing and returning this form, I acknowledge that I will be responsible for maintaining the area.

Homeowners Signature: \_\_\_\_\_

## **Please return this form to:**

Whispering Hills Homeowners Association  
692 Whispering Hills  
Chester, NY 10918  
Fax: 845-469-5964

## **For Office Use Only:**

Date given to Landscaper: \_\_\_\_\_

Date area marked: \_\_\_\_\_