

# Application for Assisted Garden Maintenance Scheme Form



Complete and return the form opposite to our office or one of our service centres.

Office:

423 London Road, Glasgow, G40 1AG

Service Centres:

Castlemilk - 49 Baeloch Drive, G45 9QJ

Cranhill - Scottish Veterans, 2 Bellrock Close, G33 3HU

## Garden Maintenance Scheme

Name: .....

Full Address: .....

Postcode: ..... Tel No: .....

Date of Birth: .....

Please list household members

Name	Relationship to You	Date of Birth
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Do you meet the following Criteria (please tick)

Thenue tenant       Over 70       Have a Medical Condition   
 Need Support       No able bodied person to maintain garden

Please give details of medical condition or support required.....  
 .....  
 .....

Have you applied for the Glasgow City Council Garden Maintenance Scheme (please tick): Yes  No

What was the outcome of this application?  
 .....  
 .....  
 .....

Signed:..... Date:.....



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