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| --- | --- | --- | --- | --- | --- |
| **Lawn Maintenance Schedule** | | | | | |
| **Client’s Details:** | | | | | |
| **Name:** |  | | | | |
| **Property Address:** |  | | | | |
| **Phone Number:** |  | | | | |
| **Email:** |  | | | | |
| **Lawn Area:** |  | | | | |
| **Lawn Type:** |  | | | | |
|  |  | |  | |  |
| **Standard Services** | | | **Frequency / Season** | | **Cost** |
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| The above standard lawn care schedule shall be executed at cost of $ per week/month. Additional and optional services are listed below; please tick them if required | | | | | |
| **Optional Services** | | | **Frequency / Season** | | **Cost** |
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| Client’s Signature: | |  | | Date: |  |
| Contractor’s Signature: | |  | | Date: |  |