



2021 Bed Maintenance ~ Information Sheet

Name \_\_\_\_\_

Unit # \_\_\_\_\_

Date \_\_\_\_\_

*Please complete and return this form as soon as possible.*

\_\_\_\_\_ I **WANT** the landscaper to maintain\* my front/side shrub and flowerbeds at my unit. This included PREEN, a weed control product.

\_\_\_\_\_ I **DO NOT WANT** the landscaper to maintain\* my front/side shrub and flower beds. This means I will take care of **ALL** of the beds at my unit, which include the front and/or side beds, as well as the rear bed. I am responsible for weed control in these areas.

\* BED MAINTENANCE BY THE LANDSCAPING CONTRACTOR IS BASED ON CONTRACT SPECIFICATIONS.

*For clarification purposes:*

- ❖ *Front beds are the beds at the front of the unit and/or across the front of two units.*
- ❖ *Side beds along the side of the garage.*
- ❖ *Rear beds are immediately adjacent to a rear deck, patio, and/or inside the patio area and the side beds at either end of the building are the unit owner's responsibility.*

**Return by either Mailing** to Charlesgate Village Association, Inc., PO Box 895, Getzville, NY 1408 or **Email** (must be signed, scanned) to [Cindy@rdmanagementofwny.com](mailto:Cindy@rdmanagementofwny.com)

**In an effort to better communication as well as notify the community of upcoming and emergency situations (water shut-off, weather related situations, etc.) in a timely manner, the Board of Directors has recommended the use of e-mail. If you have not already submitted your updated information, please do so in order to be added to the Charlesgate Village Association, Inc. e-mail list. Thank you.**

\_\_\_\_\_ **Name** \_\_\_\_\_ **Unit**

\_\_\_\_\_ **E-mail Address (please print legibly)**