



Landscaping Services

Work Order Ticket / Signoff

Date: _____

USPS Service _____

Address: _____

Please check off all applicable services completed:

_____	Mow Grounds	_____	Edging
_____	Trimming	_____	Weed Control
_____	Fertilization	_____	Remove Debris / Police Grounds
_____	Retention Area Maintenance	_____	Mulching
_____	Flowers	_____	Tree Removal
_____	Tree Trimming	_____	Cleanup (Spring/Fall)
_____	Stump grinding	_____	Miscellaneous Landscaping Services (please describe below)

Description of services performed:

Please note: USPS Signature is for **verification of services performed purpose only.**

Service Provider Information

Name: _____

Signature: _____

Date: _____

USPS Representative- PM /OIC/MMO

Name: _____

Signature: _____

Date: _____

Primary Phone #: _____

Email Address: _____