



LAWN SERVICE AGREEMENT

Boyer Lawn & Property Solutions • Tri-State (KY/WV/OH) • Based in Olive Hill, KY

Phone: (765) 761-7535 | Email: Bfmoutdoorservices@gmail.com

Client Name _____ Phone _____

Service Address _____ Email _____

Preferred Contact Text Call Email Start Date _____

Services & Frequency

Standard Lawn Service Includes: Mow - Trim - Edge - Blow off hard surfaces.

Frequency Weekly Biweekly One-time Day Preference _____

Gate / Access Notes _____

Pricing

Base Price Per Visit \$ _____ Estimated Time Window _____

Add-ons (optional) _____

Terms & Conditions

Payment Methods

Payment is due upon completion unless otherwise agreed in writing. We accept: **Cash App, Venmo, and Pay by Card.**

Scheduling & Weather

Service is scheduled by route and may shift due to rain, equipment issues, or unsafe conditions. If rescheduling is needed, we will communicate as soon as possible and complete service at the next safe opportunity.

Client Responsibilities

Please ensure gates are unlocked and access is available, pets are secured, and hazards are removed when possible (toys, hoses, wires, debris). Notify us of hidden items or special concerns such as sprinkler heads, septic lids, low wires, landscape lighting, or soft ground areas.

Grass Height & Overgrowth

If grass is excessively tall, wet/heavy, or requires double cutting, an overgrowth or first-cut fee may apply. We will notify you before proceeding when possible.

Clippings & Debris

Standard service includes mulching clippings on-site unless bagging/haul-off is selected. Bagging and haul-off are available for an additional charge.

Cancellation / Pause

You may pause or cancel service with at least 24 hours notice. Repeated day-of cancellations may require prepayment to keep a reserved route spot.

Damage & Liability

We take care to avoid property damage; however, we are not responsible for damage caused by unmarked/hidden hazards (rocks, wires, hidden debris, etc.). Please inform us of known hazards before service.

Acceptance

Client Signature	_____	Date	_____
Provider Signature	_____	Date	_____