

Contact your local ACHA office using the numbers below:

**Helensburgh & Lomond** telephone **01546 605920**  
Lamont House, 9-19 Stuckleckie Road, Helensburgh  
G84 7NL

**Cowal** telephone **01546 605950**  
Dolphin Hall, Manse Avenue, Dunoon PA23 8DQ

**Bute** telephone **01546 605870**  
13-16 Longhill Crescent, Rothesay PA20 0JT

**Mid Argyll** telephone **01546 605800**  
Dalriada House, Lochgilphead PA31 8JL

**Kintyre** telephone **01546 605880**  
Old Quay Head, Campbeltown PA28 6ED

**Islay** telephone **01546 605890**  
11 Flora Street, Bowmore PA43 7JX

**Oban, Lorn and Isles** telephone **01546 605930**  
Menzies House, Glenshellach Business Park, Oban  
PA34 4RY



# GRASS CUTTING SERVICE



This leaflet explains the free grass cutting service offered by ACHA to tenants who are over 65 and/or registered disabled.

**ACHA recognises that some tenants struggle to maintain their gardens due to age, disability or ill health.**

**Gardens kept in a tidy condition not only improve the look of our communities but increase the pride we all should have in our towns, villages and estates.**

**Tenants are required, as a condition of their tenancy to maintain their garden ground especially during the summer growing season. However, we do appreciate that this may be difficult for some of our tenants.**

**There is a large demand for the free grass cutting service and ACHA will operate a waiting list system. Grass will be cut once a month from May until October. Unfortunately, no other garden maintenance work can be carried out as part of this service.**

**If you are over 65 and/or are registered disabled and struggle to maintain your garden, you may qualify for the free grass cutting service. Please fill in the details opposite and either post it to your nearest ACHA office or hand it in next time you are passing. Addresses can be found on the back of this leaflet**

## **Application for Free Grass Cutting**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel number: \_\_\_\_\_

Please tell us why you are unable to cut your grass:

Age: *(date of birth)* \_\_\_\_\_

Please state your disability or health problem:

\_\_\_\_\_

*You may be required to provide documents.*

I confirm that I am the tenant of the above property and that the

Information given in this form is accurate. If my circumstances change

I will notify ACHA as soon as possible.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

We will write to you to let you know if you have been successful