



Code Cares Overgrown Vegetation Assistance Program Nomination Form

Address/Location: _____

Nominee's Name (if known. Must be the property owner): _____

Nominee's Phone number (if known): _____

Is the nominee aware of this nomination? ☐ Yes ☐ No ☐ Unsure

Reason for nomination (Describe the overgrown vegetation issue, share a story if you'd like!):

Check all that apply about the nominee: ☐ Elderly Resident ☐ Person with a disability
☐ Financial Hardship ☐ Veteran ☐ Long-Term Vacancy
☐ Other: _____

Nominator Information: Name: _____ Phone: _____

Email: _____

Your relationship to nominee: _____ (neighbor, friend, etc.)

By submitting this form, you acknowledge that you are nominating a property or individual in good faith for potential assistance under the Code Cares Overgrown Vegetation Assistance Program. Please note, a nomination does not guarantee service.

Signature: _____ Date: _____



"Let's Team Up to Clean Up!"

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