

**City of Strongsville 2019-2020  
Application for Senior Driveway Snow Removal**

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**PLEASE PRINT**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Strongsville, Ohio 441 \_\_\_\_\_

Telephone/Contact #: \_\_\_\_\_

Please list below the names of all other residents not listed above living in this household:

<u>Name</u>	<u>Age</u>	<u>Birth Date</u>	<u>Relationship to applicant</u>
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, state that I and all other occupants at the above listed single family address are 62 years of age or older and that I am the legal owner on record of the home listed above.

I, the undersigned, state that the combined pre-tax income for the household is **\$33,000** or less listing all sources of income such as current tax return.

**Documentation Included**    Tax Return    Photo ID    Property Tax Bill

I UNDERSTAND THAT **DRIVEWAYS (ONLY) WILL ONLY BE PLOWED AFTER 4 INCHES OR MORE ACCUMULATION** AND THAT DRIVEWAYS MUST BE CLEAR OF ANY VEHICLES. Vehicles or obstructions in the driveway may be cause for driveway to not be plowed). I also understand that senior driveway plowing will not begin until city streets are able to be kept in a manageable clear condition by Service Department personnel.

I understand that driveway plowing will be done only for registered participants Monday through Friday No Weekends or Holidays and that **I SHOULD NOT CALL** to request this service when a snowfall occurs. Plowing will begin around 7:30am and continue until all registered participants have been completed.

I understand that I am obligated to notify the City of any extended periods (more than one week) when I will not be in residence and that the City will not plow my driveway during such periods. I will also notify the City if we move from the residence. I understand that failure to notify the City entitles the City to reasonable compensation for labor and materials utilized in plowing my driveway.

**I hereby release the City, its servants, agents and employees from any and all liability arising out of the removal and/or failure to remove snow from the driveway at the residence listed above, including but not limited to damage to person or property.**

**ADDRESS MUST BE VISIBLE ON MAILBOX.** IT IS SUGGESTED THAT REFLECTIVE MARKERS BE PLACED TO AID IN DRIVEWAY LOCATION. **SNOW CARE SIGN (mailed out after completed accepted application) IS TO BE PLACED IN WINDOW SO IT CAN BE SEEN BY PLOW DRIVERS.**

**SPECIAL HEALTH NEEDS (such as visiting nurse, dialysis, etc.):**

\_\_\_\_\_

**UNUSUAL DRIVEWAY CONDITIONS (gravel, broken concrete, turn around, etc):**

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_