

**City of Strongsville 2021-2022
Application for Senior Driveway Snow Removal**

PLEASE PRINT or TYPE

Name of Applicant: _____ Age: _____ Birth Date: _____

Address: _____ Strongsville, Ohio 441 _____

Telephone/Contact #: _____ E-mail: _____

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 **\$34,000** 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.):

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

SIGNATURE: _____ **DATE:** _____