City of Strongsville 2026-2027

NEW Application for Senior Driveway Snow Removal

PLEASE PRINT or TYPE

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

Address:_____ Strongsville, Ohio 44136 / 44149

Telephone/Contact #: _____ E-mail: _____

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

Name	Age	Birth Date	Relationship to applicant

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 **$39,000** or less listing all sources of income most current Federal 1040 tax return (2025).

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

I UNDERSTAND THAT **DRIVEWAYS (ONLY no Walks) 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, this may be the next day after senior driveway plowing begins.

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 I/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/AT MAILBOX. IT IS STRONGLY 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:** _____

For Office Use ONLY:

Form Received	Sign Handed Out/Picked Up	Sign Mailed Out