

RETURN THIS APPLICATION FOR SNOW PLOWING PROGRAM TO:

**WILLOWICK BUILDING DEPARTMENT
31230 VINE STREET
WILLOWICK, OHIO 44095
440-516-3000**

PLEASE PRINT:

NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

I hereby certify that all questions will be answered truthfully.
Please answer (TRUE (T) or FALSE (F) for numbers 1-4.

1. _____ I am 62 years of age or older.
2. _____ I am physically or medically impaired.
3. _____ No able-bodied person lives permanently with me at the above address.
4. _____ I am on Homestead, and my total annual income is \$15,800 or less.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT AND RELEASE:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I have read the attached letter and I understand and agree to its provisions.

The undersigned hereby agrees for consideration of certain snow removal services to be provided by the contractor; to hold harmless and release the City of Willowick and its agents from any and all suits, claims or damages which may arise as a result of snow removal services rendered on the premises of the undersigned for his/her convenience and waive any claim on his/her own behalf arising from said City service.

Applicant's Signature

Date

BELOW FOR CITY OF WILLOWICK USE ONLY:

Date application received: _____

Service approved: _____