

# BROOKLYN SENIOR CENTER

## APPLICATION FOR SNOW REMOVAL SERVICE 2017 - 2018

Name:	Phone:
Address:	Date of Birth:
City State Zip: Brooklyn, Ohio 44144	Age:
Emergency Contact:	Emergency Contact Phone:

**Sign Up Starts: 9/11/17 It Ends: 9/29/17** YOUR ADDRESS MUST BE VISIBLE ON YOUR DWELLING!

Visible Address on Your Dwelling?	Yes	No
Do you have an awning over the drive?	Yes	No
****please note: if awning is not higher than 7'- 5" driver may be unable to go beyond said awning		
Do you have steps on the side entrance?	Yes	No
Do you own a car and drive?	Yes	No

LIST ALL OTHER RESIDENTS LIVING IN THIS HOUSEHOLD			
Name	Relationship	Date of Birth	Age

- I, the undersigned state that: I and all other occupants at the above listed address are **(65) years** of age or older. **All previous participants will be grandfathered in this program.**
- I am the **OWNER** of the single-family home at the above address and **living at the residence year round to be plowed. No "Snowbirds".**
- I agree to pay the annual fee of **Forty (\$40.00)**, which is required by Ordinance #2009-60 Please note this fee is **NON-REFUNDABLE.**
- All applications submitted after **September 29, 2017** shall, per Ordinance #2000-52, be subject to a late fee of \$15.00. This late fee is in addition to the annual fee of \$40.00 making your total for late payment \$55.00.
- I UNDERSTAND THAT DRIVEWAYS WILL ONLY BE PLOWED AFTER 4 INCHES OR MORE ACCUMULATION, AND THE CITY STREETS HAVE BEEN PLOWED. **(keep in mind: there may be delays)**
- I understand that driveways will only be plowed ONCE within a 24-hour period.
- I will also notify the City of anyone that has moved into the household during the snow removal season.
- I understand 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 (**extended stays in a nursing home/rehab**)
- I understand that if I fail to notify the City of my absence from the house, the City shall be entitled to reasonable compensation for the labor and materials utilized in plowing my driveway.
- Failure to comply with the above conditions shall result in the immediate and permanent removal from the snow removal program.
- **I hereby agree, for consideration of the snow plowing service as described above and provided by the City of Brooklyn, to hold harmless and release the City of Brooklyn from any and all suits, claims or damages which may arise as a result of snow removal services on named premises and waive any claim from said City service.**
- The City offers this program as a convenience and to assist the safety forces to better access in case of an emergency. This is NOT a personal snow removal program.
- I have read and agree to the above requirements. Please initial!

**\*\*\*Please note: If the financial condition continues, the City of Brooklyn reserves the right to cancel this program.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_