Copley Township
1540 S. Cleveland-Massillon Road
Copley, Ohio 44321
330-666-0365 Fax: 330-670-4720

APPLICATION FOR 2008/2009 SNOW REMOVAL SERVICE

Application due date: October 1, 2008 Application Number _____

Name of Applicant _____ Birth Date _____/_____/_____
(Please Print Name) (MM/DD/YY)

Address _____, City:_____ Zip:_____

Phone (330)_____ ( ) New Application ( ) Renewal of Service

Name of all other residents of this household Relationship to applicant Age Birth Date

_____

_____

_____

Check Type of Driveway: ( ) Concrete/Asphalt ( ) Gravel/Limestone

Have car and drive ( ) yes ( ) no _____

Proof of age is required and a copy will be made. One of the following can be used for proof of age:

(1) Drivers license (2) State ID (3) Birth Certificate

AFFIDAVIT

I, the undersigned, after being duly sworn, state that:

- I am at least 65 years of age and/or disabled.
- I am the owner and reside 12 months of the year at the single-family dwelling listed above.
- I hereby release the Township, its servants, agents, employees, and contractors, from any and all liability arising out of the removal of snow from the driveway at the residence listed above.

Failure to comply with the above conditions shall result in the immediate and permanent removal from the snow removal program.

- I understand that driveways will only be plowed after a snowfall of 4 **OR MORE** inches.
- I understand that driveways only will be plowed, no sidewalks, entrances or extensions.
- I understand that the Contractor will only plow my driveway **ONCE** within a 24-hour period, unless otherwise determined by the Service Director.
- I understand that the Township is to be notified of any extended periods that this residence will be vacated.
- I understand the winter season to be from November 1, 2008 to April 1, 2009.
- I understand the Township is to be notified of any changes in residency at this address.
- I understand that the Contractor shall not be liable for damage to driveway, curbs, and lawns or spring clean up of debris due to winter plowing.

- I acknowledge receipt of the Qualification Requirement and Rules of the Senior/Disabled Citizens' Driveway Snow Removal Program.

SENIOR CITIZEN: I, _____, hereby certify that I am _____ years of age, that there is no other person residing with me capable of removing snow, and that all of the information supplied by me in this application is true. If this application is accepted by Copley Township, I agree that contractors hired by Copley Township have full permission to come upon my premises at the address indicated in the application, for the purpose of snow removal. I further forever and completely release and discharge Copley Township, its officers, employees and contractors from all liability, claims, demands, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of Copley Township providing snow plowing services for which I have hereby applied. I further understand and agree that the Copley Township may discontinue the snow removal program at any time and that there will be no liability or claims arising to Copley Township as a result of the discontinuance of such program. I have read and understand the requirements and rules of the Township's Senior/Disabled Citizens Driveway Snow Removal Program and agree hereby to abide and be bound by the same.

_____ _____

WITNESS SIGNATURE OF APPLICANT

STATE OF OHIO)(

COUNTY OF SUMMIT)(

Before me, a Notary Public, in and for said County, personally _____

appeared authorized signatory for _____, and acknowledges

that they have signed the foregoing instrument and that the same is their free act and deed.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at

_____, Ohio, This _____ day of _____, 2008.

_____

NOTARY PUBLIC

For Township use only

Date received _____ Approved by _____

Date approved _____ Title _____