

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

APPLICATION FOR 2011/2012 SNOW REMOVAL SERVICE
Qualification for this program will be at the discretion of Copley Township Board of Trustees.

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

Address _____, City: _____ Zip: _____

Phone (330) _____ Phone (330) _____

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

Proof of disability will be required in the form of a signed note from a doctor for all persons residing in the household claiming a disability.

PLEASE CHECK OFF REQUIREMENTS AS YOU READ THROUGH THEM.

AFFIDAVIT

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

- I am at least 65 years of age and/or disabled. Proof of age and/or disability is required.
- The snow removal program is funded by the Copley Township general fund and is a courtesy provided to the residents of Copley Township.
- I understand that the services under this program shall not be prioritized nor shall there be any obligation or liability owed by Copley Township in the event a qualified applicant's driveway is not, from time to time, plowed. Driveways will be plowed in a timely manner; however, there may be occasions when the patience of those served by this program will have to prevail.
- There is no other person residing with me who is capable of removing snow or is gainfully employed.
- 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 all liability arising out of the removal of snow from the driveway at the residence listed above.
- I understand that qualifying applicants are required to install adequate markers on each side of the driveway to outline its locations. The markers are to be placed a minimum of 12" from the edges of the driveway with no obstructions on the driveway side of the markers. If markers are not in place, the contractor has the right to deny plowing the driveway in order to avoid property damage.
- I understand the driveway will only be plowed after a snowfall of 4 **OR MORE** inches and only **ONCE** within a 24 hour period, unless otherwise determined by Copley Township.
- I understand it is my obligation to make sure the driveway is clear of all obstacles. The contractor has the right to deny plowing the driveway if obstructed by obstacles.

- I understand that the address of my residence must be clearly visible from the road.
- I understand the driveway only will be plowed, no sidewalks, entrances, or turn-a-rounds or extensions.
- I understand that there will be no salt applied to the driveway.
- I understand that the Township is to be notified of any residency changes to this residence and any extended periods that this residence will be vacated.
- I understand the winter season to be from November 1, 2011 to April 1, 2012.
- 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 I have read and agree to all terms listed in this contract.

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

SENIOR CITIZEN: I, _____, hereby certify that I am _____ years of age, and that I have read, understand and meet all of the above requirements. I hereby certify 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 _____, 2010.

NOTARY PUBLIC