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

APPLICATION & RENEWAL FOR 2022/2023 SNOW REMOVAL SERVICE

Name of Applicant _____ Birth Date _____/_____/_____
(Please Print Name)   Mo   Day   Year

Address _____ Age: _____

Home/Cell (please circle) : _____ Email:_____

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

_____

_____

_____

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

Supplying false information will result in unaccepted participation.

[ ]   I have read and agree to adhere to all the Qualifying Requirements to participate in this program.
        (Check box as acknowledgement)

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 my 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 at no cost to me 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 this program. I have read and understand the requirements and rules of the Township's Senior/Disabled Snowplow Program and agree hereby to abide and be bound by the same.

_____
SIGNATURE OF APPLICANT   Date

Notice:

New applicants are required to submit proof of age and/or disability.
Previous participants in the program are NOT required to resubmit proof.

*Cell phone and email information may be utilized for Nixle communications.