SNOW REMOVAL ASSISTANCE PROGRAM APPLICATION

(must apply annually)

*The purpose of the program is to open **DRIVEWAY ENTRANCES ONLY**. This program is for those citizens who own their own home and cannot do the work themselves due to a medical impairment and who do not have any other family members who can assist.*

DATE:_____

NAME:_____ DATE OF BIRTH:_____

PHYSICAL
ADDRESS:_____

MAILING ADDRESS
(If different from above):_____

PHONE:_____ MEDICAL REFERENCE (doctor):_____

How and by whom has snow been removed from your driveway in the past?_____

_____

I authorize the City of Warsaw to interview me, and if needed, contact my personal physician for the purpose of determining qualification for participation in the snow removal assistance program.

SIGNATURE:_____

If you have any questions regarding snow removal, please contact the City of Warsaw Parks & Recreation Department at 574-372-9554, x604.

Please mail or drop off application to:

Warsaw Parks & Recreation Department
Attn: Snow Removal Program
117 E. Canal Street
Warsaw, IN 46580

FOR OFFICE USE ONLY

Approved ____ .

Disapproved ____ REASON:_____

Signature:_____