



# Snow Removal Assistance Program

## Annual Application

The purpose of this program is to open **driveway entrances only**. This program is intended for residents of the city of Warsaw who cannot do the work themselves due to a medical impairment and do not have any other family or friends who can assist. Enrollment in this program does not carry over from year to year. A new application must be submitted between October 1 and March 31 for the current winter season.

Resident's Name: \_\_\_\_\_

Physical Address\*: \_\_\_\_\_

*\* Must reside within the city limits of Warsaw, Indiana to be eligible for the snow removal program.*

Mailing Address [If different from above]: \_\_\_\_\_

Resident's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Medical Reference [Physician]: \_\_\_\_\_

Medical Reference's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

How / By whom was the snow removed from your driveway in the past? \_\_\_\_\_

I hereby authorize the City of Warsaw to interview me and, if needed, contact my personal medical reference listed above for the singular purpose of determining qualification for participation in the snow removal assistance program.

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

*Any questions regarding snow removal assistance can be directed to the Parks Department Admin Assistant by calling (574) 372-9554 x 604 during business hours Monday through Friday.*

### Forms may be mailed to:

City of Warsaw Parks Department  
Attn: Snow Removal Program  
123 E. Fort Wayne St.  
Warsaw, IN 46580

For Office Use | Entered on: \_\_\_\_\_ By: \_\_\_\_\_