



## **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

800 N Park Avenue

Warsaw, IN 46580

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_ REASON: \_\_\_\_\_

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