



The City of Solon
 Department of Senior Services
 35000 Portz Parkway
 Solon, OH 44139
 Phone: 440.349.6363

Proof of Income Provided

Proof of Disability Provided

2019 - 2020 Application for Snow Removal Services

Ordinance #2001-148

Applicant Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Household Information:

Additional Occupant: _____ Date of Birth: _____

Additional Occupant: _____ Date of Birth: _____

Total Gross Household Income: _____

Answer each question by circling either True (T) or False (F):

- T F** I own or rent the above stated address.
- T F** I am 65 years of age or older **OR** I am permanently disabled under the guidelines of the Social Security Administration.
- T F** No other able-bodied person resides at the above applicant address.
- T F** I reside at the applicant address stated above.
- T F** The applicant address stated above is my permanent residence now and for the majority of the winter.
- T F** The total gross household income is not more than \$40,000/year, which includes Social Security, pensions, interest, and gambling/lottery winnings.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

The undersigned, being the owner/resident, and any other residents of the above stated residence hereby agree for consideration of snow plow removal services to be provided by the City of Solon; to hold harmless and release the City of Solon and its agents from any and all suits, claims or damages that may arise as a result of snow plow removal services rendered on the premises of the undersigned for his or her convenience and waive any claim on his or her own behalf arising from said City service. I/We further understand the snow plow drivers will not be dispatched for drifting snow and/or apron cleaning. We are not permitted to contact the snow plow drivers directly, and all inquiries will be directed to the Senior Services Department.

 Director, Jill Frankel

 Date

 Owner's / Resident Signature

 Date

*Required Acknowledgment Form located on the back of this application. Please complete both sides of the application before submitting, **incomplete applications will not be processed**. Applications will only be accepted Tuesday - Friday, 9:00 AM - 12 PM or by mail with proof of income beginning October 1st. Application deadline is Friday, November 8, 2019.

ACKNOWLEDGMENT FOR SNOW REMOVAL SERVICES 2019-2020
ORDINANCE 2001-148

I hereby acknowledge that I have read and understand the conditions and timing for snow removal:

1. Snow removal services may be provided for Solon residents who are 65 years of age or over, or those residents who are classified as physically or mentally handicapped under the guidelines of the Social Security Administration, who have an annual gross household income of not more than \$40,000 per year including Social Security, pensions and interest with proof of gross income satisfactory to the Director of Senior Services, provided that no able-bodied person is residing with the resident at the same address. Each qualified resident must reside in the home for a majority of the winter months. Driveways will be staked by the first week of December by the plower.
2. No snow plowing will be furnished to qualified residents, except when the accumulation of snow reaches approximately 3 inches in one snowfall, as determined by the Service Director. Driveways shall be cleared not more than once in a 24-hour period.
3. Snow removal vehicles will clear not more than a single driveway width. Applicants shall not have side or overhead driveway obstructions which may interfere with snow removal operations. (Ord. 1990-160, passed 9/21/99; Ord. 2001-148, passed 7/2/01)
4. A City resident who qualifies for City snow plowing and who desires plowing services must complete, in person, an application at the Department of Senior Services. Any resident who is unable to appear in person may request the Senior Services Director to come to his/her home to complete the application. (Ord. 1986-180, passed 1/19/87; Ord. 2001-148, passed 7/2/01)
5. The falsification of any information contained in the application of a City resident shall result in immediate and permanent ineligibility for snow plowing services, and the applicant shall reimburse the City for costs incurred. (Ord. 1986-180, passed 1/19/87; Ord. 2001-148, passed 7/2/01)

I further acknowledge that:

1. Normal wear and tear to adjacent lawn areas as a result of snow plowing is the responsibility of the resident.
2. Any damage over and above normal wear and tear must be reported to the Senior Center within 24 hours. I/We further understand we are not permitted to contact the snow removal contractors directly.

The undersigned, being the owner and/or resident, and any other residents of the above stated residence hereby agree for consideration of snow plow removal services to be provided by the City of Solon, Ohio; to hold harmless and release the City of Solon, Ohio, and its agents from any and all suits, claims or damages that may arise as a result of snow plow removal services rendered on the premises of the undersigned for his or her convenience and waive any claim on his or her own behalf arising from said

Name & Address (Please Print)

Date

Owner's Signature

Other Resident Signature