

**CITY OF TWINSBURG, OHIO
MUNICIPAL SNOW REMOVAL AGREEMENT**

The City of Twinsburg (“City”), in reliance upon the representations of the undersigned resident (“Applicant”), hereby agrees to provide snow removal services for certain residents that qualify as defined herein:

_____ residing at _____
(Print Name) (Address)

*The applicant is not eligible if this is a rental property. Applicant must own and reside at the residence.

Type of Driveway: (Circle One) Gravel Concrete Asphalt

*Applicants who own a gravel driveway acknowledge that the gravel will be displaced during the course of plowing and **the City will not repair or replace any displaced gravel.**

IN CONSIDERATION OF PARTICIPATION IN THE CITY OF TWINSBURG SNOW REMOVAL PROGRAM THE APPLICANT HEREBY REPRESENTS AND AGREES AS FOLLOWS:

1. The City of Twinsburg, its elected or appointed officials, agents, contractors and employees shall be HELD HARMLESS FROM ALL LIABILITY for any damages or injuries to persons or property due to participation in the above referenced program; and the above-named and undersigned party, in consideration of the services to be provided by the City under this program, further agree to fully indemnify the City for any and all expenses that it might incur as a result of any such claim, damages or injuries.
2. Undersigned Applicant understands and represents that **ALL** parties residing at the above address are over 65 years of age, meet the financial considerations as outlined in Ordinance 61-2017, or have a **SERIOUS** medical incapacitating handicap, and proof of age and/or serious incapacitating handicapped condition should be presented at time of application.

Are you employed? Yes No Annual Gross Income from applicant employment \$ _____ Annual Gross Income for ALL Household Members \$ _____ I understand that gross “income” means all of the money received by <u>anyone</u> in my household which includes: payroll, unemployment, inheritance, Social Security, pensions/annuity payments, disability, etc...

List ALL people living in the household: _____ dob _____ _____ dob _____ _____ dob _____
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<p><u>Fee Schedule:</u> Less than \$32,000 gross household income - \$0.00 \$32,000 - \$60,000 gross household income - \$50.00 Over \$60,000 household income do not qualify Note: Proof of income may be required</p>
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3. All parties residing at the above address intend to be in the city throughout the winter months; or will immediately notify the Parks and Recreation Department in the event such plans are changed.
4. **No snow plowing will be furnished to those qualified residents except when the accumulation of snow reaches approximately three inches or more upon the area to be plowed. It is recognized and agreed that all highways and streets within the city will be maintained prior to consideration of any snow removal under this program, the City will not plow more than once in a 24 hour period.**
5. Applicants understand that the City snow removal vehicles will clear no more than a single driveway width. The applicant shall indicate the location of the driveway through the use of driveway markers, which shall be visible from the cab of snow plow vehicles. Applicants shall not have side or overhead driveway obstructions which may interfere with snow removal operations.
6. The Parks and Recreation Department reserves the right to request additional information or documentation related to eligibility such as proof of income, handicap, disability, etc...
7. **Deadline to participate in this program is November 30, 2022. Applications received after this date will not be accepted.** Applications may be mailed to City of Twinsburg Attn: Senior Snow Plow 10075 Ravenna Road Twinsburg, OH 44087. Or dropped off at the Senior Center 10260 Ravenna Road Twinsburg, OH 44087 Monday – Friday 8:30am-3:30pm. Any questions call 330-963-8722.

--Signature required on back side of form--

BY SIGNING BELOW, APPLICANT REPRESENTS THAT HE/SHE FULLY UNDERSTANDS THE REQUIREMENTS TO PARTICIPATE IN THE PROGRAM. ANY MISREPRESENTATION IN THE INFORMATION PROVIDED REGARDING HOUSEHOLD INCOME, DISABILITY OR HOUSEHOLD MEMBERS SHALL BE GROUNDS FOR DENIAL OF THE APPLICATION OR TERMINATION OF SERVICE.

Applicant's Signature

Date

Fee Enclosed

OFFICE USE ONLY Rec'd: _____ Fee: _____ Approved: ____
Add'l documentation rqst'd: _____ Denied: ____ Reason for denial: _____

Parks & Recreation Representative: _____ Date: _____