

RULES FOR QUALIFICATION FOR THE SENIOR OR HANDICAPPED RESIDENT SNOWPLOWING SERVICE

To be eligible for participation in the Senior or Handicapped Resident Snowplowing service, you must be either:

Senior:

- 1) Resident of the Village of Walton Hills.
- 2) Age 65 and older.
- 3) Have **earned** income less than \$10,000.00 (will be verified by the Walton Hills Tax Department).
- 4) Have no other person residing with the participant who is capable of providing snow removal service.

Handicapped:

- 1) Resident of the Village of Walton Hills.
- 2) Handicapped and not able to remove snow because of handicap.
- 3) Have **earned** income less than \$10,000.00 (will be verified by the Walton Hills Tax Department).
- 4) No other person residing with resident capable of providing snow removal service.
- 5) Must provide a doctor's certificate relative to the handicap.

HOW SNOWPLOWING SERVICE WILL BE PROVIDED

- 1) The resident requesting participation in the program will complete and submit the application for Senior or Handicapped Resident Service by the application deadline of October 30.
- 2) A check, made payable to the Village of Walton Hills, for the amount of \$215.00 will be included with the application. This one-time payment will cover the entire snowplowing season.
- 3) The snowplowing season will be from November 01 through April 15.
- 4) The resident requesting participation in the program will sign a service agreement detailing the terms of the Senior or Handicapped Resident Snowplowing Service with the provider.

******It is important to note that your service agreement is NOT with the Village. It is between you and the service provider. The Village is only acting as the bargaining agent for the program. The Village will monitor the performance of the service provider. However, any complaints must first go to the provider for correction and not the Village******

- 5) Participants shall be required to install adequate markers every 20 feet on each side of the driveway to outline its location. The markers shall be placed a minimum of one foot (12 inches) from the edges of the driveway with no obstructions on the driveway side of the markers. If markers are not in place, the service provider has the right to deny plowing service in order to avoid property damage. Low hanging tree limbs over driveways less than 8'0" from driveway surface must be trimmed.
- 6) The home address must be visible on the mailbox.

- 7) Plowing will be performed on a 24-hour basis. Any qualified resident being serviced under the program with a vehicle in the drive will be notified by the service provider to remove same for plowing between the hours of 7:00 am to 11:30 pm. Notification of any plowing that may take place between 11:30 pm to 7:00 am with a vehicle in the drive will be at the discretion of the service provider as per any apparent activity in the household during these hours.
- 8) All driveways shall be cleared to within twelve (12) inches of the driveway edge and to within twenty four (24) inches of the garage door. Driveway turnaround areas and side entry garage aprons will be plowed if accessible with a full-size pick-up truck.
- 9) The Street Commissioner or authorized designee shall determine the need for snow removal. Generally, snow removal shall be required when the minimum snowfall or accumulation thereof equals or exceeds three (3) inches. Either the Street Commissioner or an authorized designee will notify the service provider when plowing services are needed. This does not preclude the service provider from plowing driveways prior to the Street Commissioner's call if the service provider determines the need for plowing

VILLAGE OF WALTON HILLS – APPLICATION FOR SENIOR OR HANDICAPPED RESIDENT SNOWPLOWING

Name: _____ Date of Birth: _____

Address: _____ Telephone Number (____) _____

Type of Driveway: Concrete Asphalt Gravel Other (describe) _____

****Payment of \$215.00 must be submitted with application by deadline of October 30th****

SENIOR RESIDENT: (Complete if age 65 and older)

I, _____, hereby certify that I am ____ years of age and I live alone or with a spouse and I am (we are) fully retired with **earned income less than \$10,000**, and there is no other person residing with me capable of providing snow removal service. I further certify that all of the information supplied by me is true.

HANDICAPPED RESIDENT: (Complete if under age 65) *Must provide a doctor's certificate relative to the handicap*

I, _____, hereby certify that I am handicapped, with **earned income less than \$10,000**, am unable to provide snowplowing because of my handicap, which is _____ and have no one living with me capable of providing snow removal service. I further certify that all of the information supplied by me is true.

CONSENT TO ENTER UPON PROPERTY FOR SENIOR OR HANDICAPPED RESIDENT SNOWPLOWING SERVICE AND RELEASE OF ALL CLAIMS AGAINST THE VILLAGE OF WALTON HILLS POSSIBLY ARISING THEREFROM:

I, _____, having made application to the Village of Walton Hills, Ohio to participate in the Senior or Handicapped Resident Snowplowing Service, hereby certify that I am the ___ owner ___ renter of the property located at _____, for which I am requesting participation in this program. I further certify that I have read, understand and accept the rules and regulations of the Village's Senior or Handicapped Resident Snowplowing Service. By virtue of my signature on this document, I hereby grant permission to the Village of Walton Hills, its officers, employees and contractors, to come upon my private property for the purpose of snowplowing service therefrom. In consideration for the Village's approval of my application for snowplowing service, and for providing snowplowing services under the Senior or Handicapped snowplowing Service program to the property listed herein, I do hereby and forever completely release claims, demands, damages, actions and cause of action whatsoever, which I may now have or may hereafter have as a result of or arising from the Village of Walton Hills providing snowplowing services to my property.

IN WITNESS WHEREOF, I, the undersigned, have executed this consent and release on the day and year appearing after my signature.

Signature of Applicant

Witness

Date

For Village Use Only: Date Received: _____

Authorized Signature: _____

Date: _____