VALLEY VIEW VILLAGE
APPLICATION TO CLEAR SNOW FROM DRIVEWAYS
MONDAY THRU FRIDAY ONLY
7:30AM – 4:00PM
NO WEEK-ENDS

I,_____BIRTHDATE_____

REQUEST THAT VALLEY VIEW VILLAGE CLEAR SNOW FROM MY DRIVEWAY DURING THE WINTER OF 2016-17

THE REASON FOR MY APPLICATION IS: AGE_____, DISABILITY_____

IF DISABILITY, STATE THE FORM OF DISABILITY AND PROVIDE A DOCTOR'S

CERTIFICATE STATING DISABILITY._____

_____

LIST BELOW ALL OTHER PERSONS WHO REGULARLY LIVE AT YOUR RESIDENCE AND THEIR AGES. IF YOU FEEL THAT ANY OTHER PERSONS WHO OCCUPY YOUR RESIDENCE (UNDER AGE 60, BUT 16 OR OLDER ARE NOT CAPABLE OF REMOVING SNOW FROM YOUR DRIVEWAY, INDICATE THE REASON).

NAME AGE REASON

_____

_____

THE VILLAGE WILL PROVIDE SNOW REMOVAL SERVICE ONLY WHEN THERE HAS BEEN AT LEAST A FOUR-INCH SNOWFALL LOCALLY MEASURED AT THE TOWN HALL BY THE SERVICE DIRECTOR. I UNDERSTAND THAT MY DRIVEWAY WILL BE PLOWED WHEN TIME PERMITS ON A STREET BASIS AFTER ALL ROADWAYS AND DRIVEWAYS AND PARKING AREAS OF ALL PUBLIC BUILDINGS HAVE BEEN CLEARED. IN CONSIDERATION OF HAVING THE SERVICE DEPARTMENT (216) 328-0390 OF THE VILLAGE OF VALLEY VIEW CLEAR MY/OUR DRIVEWAY MY /OUR RESIDENCE OF SNOW, I/WE HEREBY AUTHORIZE THE VILLAGE OF VALLEY VIEW, ITS AGENTS, SERVANTS AND EMPLOYEES TO ENTER UPON MY/OUR PROPERTY WITH SNOW REMOVAL EQUIPMENT AT ANY REASONABLE TIME, AND I/WE HEREBY AGREE TO HOLD THE VILLAGE OF VALLEY VIEW, ITS AGENTS, SERVANTS, AND EMPLOYEES HARMLESS FOR ANY PROPERTY DAMAGE THAT MIGHT OCCUR AS THE RESULTS OF SNOW FROM MY/OUR DRIVEWAY WHETHER SAID DAMAGE IS CAUSED BY AN ACT OF NEGLIGENCE OR OTHERWISE. **THIS ALSO INCLUDES YOUR MAILBOX. HEAVY SNOW IS THE MAIN CAUSE OF DAMAGE TO YOUR MAILBOX.**

OWNER_____DATE_____

ADDRESS_____

PHONE NO._____

COMMITTEE: DISAPPROVED APPROVED

MAYOR PIASECKI (216) 524-6511 _____ _____