



# CITY OF BROOK PARK

6161 ENGLE ROAD  
BROOK PARK, OHIO 44142  
433-1300 • FAX 433-1511

**Mark J. Elliott**  
MAYOR

## **DRIVEWAY SNOW REMOVAL PROGRAM**

**“IT IS IMPORTANT THAT YOU READ THIS NOTICE”**

### **Dear driveway snow removal applicant:**

This paperwork will provide information, which will assist you in filling out this application and allow us to serve you more efficiently.

**ELIGIBILITY QUALIFICATIONS:** According to Ordinance No. 7211-1988, Chapter 937, the following describes eligibility for the City of Brook Park’s snow removal program.

- (1) SENIOR CITIZENS, that are 65 years of age, or older, and retired.
- (2) SENIOR CITIZENS, that are 65 years of age and are still working.  
Outside annual income may not exceed \$25,000.00, before taxes are taken (this does not include retirement benefits, like Social Security, PERS, etc.).
- (3) Residents 64 years of age and younger, that are disabled.
- (4) PHYSICALLY DISABLED: Residents who are not 65 years of age, retired, or with a low income. Disabled person(s) must submit an updated/recent doctor’s certificate every year, stating the reasons why snow shoveling would be adverse to your health. If the doctor’s certificate states that you are “Permanently” and/or “Totally” Disabled- that certificate would be filed and used permanently (if acceptable)
- (5) You do not have any able-bodied person(s) living at your address that is capable of removing the snow.
- (6) The application must be signed by the HOMEOWNER.
- (7) The application must be submitted each year with a registration fee of \$1.00 (one dollar). If paying by check, make the check payable to: the City of Brook Park.

### **YOUR INCOME IS ALSO A DECIDING FACTOR FOR ELIGIBILITY FOR THE PROGRAM**

All applications are submitted to the Tax Department for income review because this service is exclusively for lower income residents who cannot afford to pay for this service. The Tax Department determines eligibility based on your last year’s income. If your income has decreased considerably this year, it would be to your benefit to note that on the REMARKS line. Your income is your private business. The Tax Department only informs our department if your household income, which includes any person with a working income living at the same address, qualifies. The actual amount of your income is not disclosed.

Rev 11/99

## **DRIVEWAY SNOW REMOVAL PROGRAM**



## DRIVEWAY SNOW REMOVAL APPLICATION

**\*\* PLEASE READ ATTACHED ORDINANCE NO. 7211-1988 CHAPTER 937**

### PLEASE PRINT

Name \_\_\_\_\_ Spouse's \_\_\_\_\_

Birthdate \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Are you fully retired? Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you or your spouse have income from any gainful employment? Yes \_\_\_\_\_ No \_\_\_\_\_

3. I have submitted a doctor's certificate stating why snow shoveling is adverse to my health. Yes \_\_\_\_\_ No \_\_\_\_\_

\* Submit if younger than 65 OR 65 and not retired

4. Do you have an illness or disability? If yes, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

5. Is there any other person(s) residing at this same address? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list name(s) and birthdate: \_\_\_\_\_

\_\_\_\_\_

6. Is there an able-bodied person living in your household? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain why service is requested: \_\_\_\_\_

\_\_\_\_\_

7. I have a solid driveway. If No, please explain: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

8. I herewith deposit \$1.00 as registration fee which will be returned to me if I am determined to be ineligible for this service. Yes \_\_\_\_\_ No \_\_\_\_\_

9. I understand that the snow will be plowed only when there is more than 2 inches of snow on the ground. Yes \_\_\_\_\_ No \_\_\_\_\_

10. I hereby release the city, its' servants, agents and employees from any liability arising from snow removal on my property. Yes \_\_\_\_\_ No \_\_\_\_\_

11. I understand that all of the above must be complied with and that further, the City of Brook Park reserves the right to accept or deny an application based on the information present.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Brook Park City Hall, 6161 Engle Road, Brook Park, OH 44142**

