



SNOW REMOVAL

Application for Snow Removal from Walkways for Senior Citizens, Handicapped Persons and Widows.

NAME: _____

NAME OF SPOUSE: _____

ADDRESS: _____

LOCATION OF WALKWAY: _____

TELEPHONE NUMBER: _____

QUALIFICATIONS: Senior Citizen must be 65 years of age, widowed or handicapped persons.
Residents having an able-bodies dependent living on the premises do not qualify.

Signature of Applicant
Print and sign if you cannot complete the digital signature

WAIVER OF LIABILITY

In consideration of the Corporation of the Town of Espanola providing me with a snow removal service, I _____, being the owner or tenant of the above property, hereby agree not to hold the Corporation of the Town of Espanola and/or its employees responsible for any personal injury and/or property damage that may result from the cleaning of the walkway.

Print and sign if you cannot complete the digital signature

Witness

Signature of Owner or Tenant