

**City of Countryside
Senior/Disability Snow Removal Program Application**

Name: _____

Address: _____ Countryside, IL 60525

Home Phone #: _____ Mobile Phone #: _____

E-Mail: _____

How many driveways do you have? _____

What street is your driveway on? _____

Basis of Application (Initial where applicable):

_____ I am 62 years or older.

_____ I have enclosed: (1) A medical certification from my doctor confirming my disability and Inability to shovel/remove snow; or (2) A copy of the Secretary of State License Disability Placard or registration of disability through Social Security

*** Please note that once we receive your form, it will take up to 48 hour to be registered**

By submitting this documentation, I hereby voluntarily release protected health information to the City of Countryside that is otherwise protected by law, including but not limited to the Health Insurance Portability and Accountability act of 1996 (HIPPA).

The resident(s) hereby release and hold the City, its officers, officials, and employees harmless from any damage to property or other liability which arises directly or indirectly from the City's snow removal program.

I state that, to the best of my knowledge, the information contained in this application is true, correct and complete.

Applicant's Signature

____/____/____
Date

What is and is not included in this program:

