



SNOW REMOVAL

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

NAME: _____

NAME OF SPOUSE: _____

ADDRESS: _____

LOCATION OF WALKWAY: _____

QUALIFICATIONS: Senior Citizen must be 65 years of age, widowed or persons with disabilities.

Residents having an able-bodied dependent living on the premises do not qualify.

Signature of Applicant

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.

Witness

Signature of Owner or Tenant