

# SENIOR SNOW REMOVAL PROGRAM

## QUALIFICATIONS, YOU MUST...

- ❖ Live in Schiller Park
- ❖ Be 62 years or older OR under 62 and disabled (you must provide SSA declaration or valid doctor's note stating that you are unable to shovel snow)
- ❖ Have no other person residing in your household that is able to shovel snow  
*(If found to be untrue, you may be removed from the program and fined \$100.00)*

## GUIDELINES OF PROGRAM:

An application must be completed with requested services and signed on an annual basis.

While there is no formal deadline for applying for the program each year we encourage seniors and disabled residents that are interested in the program to submit their application early to ensure they are in the program before the first snow. This program is NOT offered on an as needed basis, if you choose to cancel the program mid-season, you will have to wait until the following year to rejoin.

The snow removal services are performed by an independent contractor hired by the village. Snow removal of driveways & sidewalks will occur after 3 inches of snowfall, based off NOAA's calculation. **Please see [www.noaa.gov/weather](http://www.noaa.gov/weather)**. However, it is up to the discretion of the village if we send them out earlier.

The resident shall pay the following for the services requested:

- ❖ *Snow removal sidewalk ONLY (\$5.00 each occurrence)*
- ❖ *Snow removal of driveway ONLY (\$15.00 each occurrence)*
- ❖ *Snow removal of driveway and surrounding sidewalks (\$22.50 each occurrence)*

**\*\*\* PLEASE NOTE: EVERY EFFORT IS MADE TO GET TO EACH PROPERTY ASAP, HOWEVER WE CANNOT GUARANTEE AN EXACT TIME OF ARRIVAL. IF YOU ARE UNHAPPY WITH THE SERVICES OR THE CONTRACTOR DID NOT COME, PLEASE CALL THE VILLAGE HALL WITHIN 24 HOURS. \*\*\***

**\*\*\* THE SNOW REMOVAL PROGRAM DOES NOT INCLUDE THE SPREADING OF SALT OR OTHER SNOW/ICE MELTING CHEMICALS. \*\*\***

Please keep this page for your records, any questions, please contact Kara Blomquist at (847) 671-8593

**VILLAGE OF SCHILLER PARK SENIOR SNOW REMOVAL PROGRAM APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Schiller Park, IL 60176

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

**REASON FOR APPLICATION: (Please initial where applicable)**

\_\_\_\_\_ I am 62 years or older and have no other household member able to shovel my snow.

\_\_\_\_\_ I have enclosed a medical note from my doctor confirming my disability and inability to shovel snow or my social security disability finding and have no other household member able to shovel my snow.

*By submitting this documentation, I hereby voluntarily release personal health information to the Village of Schiller Park that is otherwise protected by law. This includes HIPAA, therefore I am waiving said HIPPA privacy rules.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's date

**SNOW REMOVAL CHOICES:**

\_\_\_\_\_ **SIDEWALK ONLY (\$5.00 each occurrence)**

\_\_\_\_\_ **DRIVEWAY ONLY (\$15.00 each occurrence)**

\_\_\_\_\_ **DRIVEWAY AND SURROUNDING SIDEWALKS (\$22.50 each occurrence)**

List any potential hazards – (i.e.: awnings, fences, stoops, etc.)

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*(Please read & sign back page, return to village by November 15<sup>th</sup>)*

*The resident(s) hereby releases and holds the Village, its officers, officials, and employees harmless from any damage to property or other liability which arises directly or indirectly from the Village's snow removal program. The resident(s) hereby releases and holds the Village, its officers, officials, and employees harmless for any injuries or liabilities sustained by the resident(s) or others caused, directly or indirectly by the removal or non-removal of any snow or ice from the resident(s) property.*

*I am aware that the snow removal program does not include the spreading of salt or other snow/ice melting chemicals.*

*I agree to pay for the snow removal services and to be billed monthly for the services by the Village of Schiller Park. I also understand that I have 24 hours from each snow removal date to contact the Village about any issues or concerns. If I do not contact the Village within that timeframe, I will be responsible for any and all charges.*

*Print Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Because you are a participant in the snow removal program, the village requests that you do not allow anyone but the contractor to remove any snow over 3". This will eliminate any confusion regarding billing.*

*If a snowfall of 3 or more inches is predicted, please have your driveway free of cars so that the snow can be removed.*