

APPLICATION

DATE \_\_\_\_\_

2009-2010  
CITY OF WARSAW  
SNOW REMOVAL ASSISTANCE PROGRAM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

PROGRAM PURPOSE: To open driveway entrances only for those citizens who cannot do the work themselves due to a medical impairment, and who do not have any other family members who can assist.

MEDICAL REFERENCE (Doctor): \_\_\_\_\_

How and by whom has snow been removed  
From your driveway entrance in the past?) \_\_\_\_\_

*I authorize the City of Warsaw to interview me, and if needed, contact my personal physician for the purpose of determining qualification for participation in the Snow Removal Assistance Program,*

X \_\_\_\_\_

\_\_\_\_ HOME OWNER

\_\_\_\_ RENTAL Landlord's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Please mail application to:  
Scott D. Whitaker, Chief  
Warsaw Police Department  
P.O. Box 1297  
Warsaw IN 46581-1297

PLEASE DO NOT WRITE IN BOX BELOW

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_