

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

Name: _____

Address: _____, Countryside, IL 60525

Home Phone: _____ Mobile Phone: _____

Email: _____

Basis of Application (Initial where applicable):

_____ I am 62 years or older. (enclosed is a copy of my driver's license or State I.D.)

_____ I have enclosed (1) a medical certification from my doctor confirming my disability and inability to shovel/remove snow; or (2) a copy of 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 hours 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 (HIPAA).

The resident(s) hereby releases and holds the City, 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 City, 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 state that, to the best of my knowledge, the information contained in this application is true, correct, and complete.

Applicant's Signature

____/____/____
Date