

VILLAGE OF SOUTH ROCKWOOD  
DRIVEWAY SNOW REMOVAL APPLICATION  
2011-2012

PROPERTY OWNER OR  
LEASEHOLDER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE CHECK ONE OF THE ITEMS BELOW AS THE BASIS OF WHY YOU FEEL YOU ARE  
ENTITLED TO THIS PROGRAM.

- AGE  
 PERMANENT DISABILITY  
 TEMPORARY DISABILITY  
 OTHER: EXPLAIN \_\_\_\_\_

PLEASE COMPLETE THE INFORMATION NEEDED BELOW FOR EACH ADDITIONAL OCCUPANT  
OF THE ADDRESS ABOVE.

OCCUPANT #1

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

- PERMANENT DISABILITY  
 TEMPORARY DISABILITY  
 HANDICAP  
 OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT # 2

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

- PERMANENT DISABILITY  
 TEMPORARY DISABILITY  
 HANDICAP  
 OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT #3

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

- PERMANENT DISABILITY  
 TEMPORARY DISABILITY  
 HANDICAP  
 OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT # 4

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

- PERMANENT DISABILITY  
 TEMPORARY DISABILITY  
 HANDICAP  
 OTHER (EXPLAIN \_\_\_\_\_)

PLEASE ATTACH A DOCTOR'S CONFIRMATION FOR EACH DISABILITY OR HANDICAP LISTED.  
EVERYONE RESIDING IN THE HOME MUST MEET THESE REQUIREMENTS IN ORDER TO BE  
ELIGIBLE FOR SNOW REMOVAL SERVICES.

RETURN COMPLETED APPLICATION TO: VILLAGE OF SOUTH ROCKWOOD  
P.O. Box 85  
SOUTH ROCKWOOD, MI 48179