

# 2023 - 2024

I want to participate in the City's Private Driveway Snow Plo Program:	wing
Printed Name	
Address	
Day Time Phone	
Signature	
Date	



### RE: 2023-2024 Driveway Snow Removal Program for RETURNING Participants

#### **Dear Oakbrook Terrace Resident:**

Last year you participated in the City's Private Driveway Snow Plowing Program. On behalf of the Mayor and City Council, we welcome your continued participation in the program for this year. If you would like to participate this year, please read the following guidelines.

- Only residents who cannot shovel snow due to a temporary or permanent disability, regardless of age, are eligible.
  - o If a resident has a *permanent* disability that prevents him/her from shoveling snow for the foreseeable future, a yearly verification of disability is not required, however an application form does need to be completed on a yearly basis.
  - o If a resident has a *temporary* disability, the applying resident must provide *yearly* medical disability statements from a medical professional verifying that the disability prevents you from shoveling snow. A copy of an example statement is included in the packet.
- If more than one person resides in the house, a doctor's note will be required for each individual stating that they are disabled and cannot shovel snow; if they are not disabled, the disabled resident is not eligible for the program.
- A seasonal charge of \$50.00 is required prior to the start of the program and is non-refundable. This charge will cover any and all plowing for the winter season, no matter how many snowstorms occur.
- This program is for removal of snow on driveways only, not sidewalks.
- You must sign the waiver of liability and the participation sheet that are provided and return them along with the \$50.00 fee to the City.

Participants should be aware that driveway clearing will only be performed after a snow fall of two inches (2") or more and that driveways will only be cleared after <u>all</u> streets and public facilities are cleared



### City of Oakbrook Terrace

## **Driveway Snow Removal Program 2023-2024**

Medical Disability Statement

DATE: _	PATIENT NAME:			
	I attest that this patient has a permanent disability that prevents him/her from shoveling snow.			
	I attest that this patient has a temporary disability that prevents him/her from shoveling snow for this winter season. *			
PHYSICI	IAN SIGNATURE:			
PHYSICI	IAN NAME:			
	(Please Print)			
Physician <i>Physician</i>	n, please staple a prescription sheet from your office to this form.			

<sup>\*</sup> Please note that if the second box is checked, a new medical disability statement will have to be completed next year for the resident to be considered eligible for next years snow plowing program.



#### City of Oakbrook Terrace Snow Plowing

### WAIVER OF LIABILITY

WHEREAS, the undersigned person certain property located at	•	a property interest in ne City of Oakbrook
Terrace, Illinois (the "Property")		
WHEREAS, the Public Services Desannually offers to perform snow plowing stresidences of persons with a documented meanuallic (the "Program"); and	services to clear driveways, for a	n annual fee, at the
WHEREAS, the undersigned person handicapped status to the City,	has provided documentation of his	s/her disability and/or
NOW, THEREFORE, in considerate to clear the driveway on the Property, and in undersigned agrees to indemnify, defend, hole employees, from and against any and all loss, and expenses, including attorneys' fees, which Program and the snow plowing services provagrees not to sue the City, any member of its agents or employees for any such injury, loss or reason of any negligence of the City, any member agents or employees of the City.	n order to induce the City to perform of the did harmless and release the City, its liability, personal injury, property of may be incurred directly or indirectly dided by the City thereunder, and he Public Services Department, or an or damage which may be suffered by	rm such services, the s officers, agents and damage, claims, costs ectly as a result of the nereby covenants and by other City officers, by the undersigned by
Nothing herein contained shall confe the heirs or personal representatives of the un-		any third party or on
The City reserves the right to manage reason that it deems sufficient.	e, revise or terminate the Program at	any time and for any
This waiver shall be binding on and in successors and assigns of the respective partie		utors, administrators,
Signature	Printed Name	Date
SUBSCRIBED AND SWORN TO BEFORE ME	THIS DAY OF	, 20
Notary Public		