



APPLICATION FOR SNOW REMOVAL PERMIT

NAME OF APPLICANT: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

VEHICLE DESCRIPTION: _____ YEAR: _____

COPY OF DRIVER LICENSE REQUIRED

LICENSE PLATE NUMBER: _____ VIN NO.: _____

COPY OF REGISTRATION REQUIRED

INSURANCE COMPANY: _____

COPY OF POLICY REQUIRED

POLICY NUMBER: _____ EXP. DATE: _____

MAY THE CITY GIVE YOUR NUMBER TO THE PUBLIC? YES NO

DO YOU OFFER SENIOR RATES? YES NO IF YES, COST \$_____ OR MUST CALL

EMERGENCY CONTACT INFORMATION

1) NAME: _____ RELATION: _____
ADDRESS: _____
PHONE: _____ CELL: _____

2) NAME: _____ RELATION: _____
ADDRESS: _____
PHONE: _____ CELL: _____

SIGNED: _____ DATE: _____

(FOR OFFICE USE ONLY)

PERMIT NO. _____

EXPIRATION DATE: _____