APPLICATION: SNOW REMOVAL EXEMPTION AND WAIVER OF LIABILITY

The undersigned requests exemption to Butte-Silver Bow's snow removal ordinance. By signing this document, the undersigned affirms under penalties for perjury that all information contained in this application is true and accurate. **The undersigned further acknowledges that furnishing false or misleading information to a government agency is a criminal offense**. Documents showing proof of disability must accompany this application – Social Security disability determination.

Full Name of Person Seeking Exemption *:* Hereafter "Applicant"

_____

Last Name First Name Middle Name

Property Address Where Applicant Resides (Include Zip Code):

_____

Address Street

_____

City State Zip Code

Applicant's Phone Number: _____ **Applicant's Date of Birth:** _____

Owner of Property Where Applicant Resides and Applicant's Relationship to Property Owner:

_____

Property Owner's Name Relationship to Applicant

Names and Ages of All Other Persons Living in Applicant's Home Property. Circle the Name Of Any Disabled Household Member.

_____

_____

_____

_____

REASON FOR EXEMPTION/ Identify Disability and Diagnosis Of Disability. Explain How It Impairs Ability to Remove Snow.

_____

_____

_____

Check All That Apply:

_____ I receive Social Security Disability benefits (You must provide proof by a copy of Disability Determination or other valid document)

_____ I have been issued a valid mobility handicapped parking permit and I have a medical impairment that prevents me from shoveling snow. (Must provide proof of current handicapped license plate or hang tag from Bureau of Motor Vehicles.)

_____ I am over the age of 65 and my gross annual income is at or below one hundred fifty percent of the federal poverty level as published for the most recent year by the Unites States Department of Health and Human Services.

_____ No other person in my household can shovel or remove snow from my sidewalk, and I do not have any other person who can assist me.

_____ Date: _____

Signature

_____

Printed Name

FOR AGENCY COMPLETION

Reviewed by: _____ Date: _____

Approved: _____ Disapproved: _____

Reason for Disapproval:

_____

_____

_____

_____

If further information is needed, identify:

_____

_____

_____

_____

_____

_____

SNOW REMOVAL SERVICE INFORMATION AND GUIDELINES

ELIGIBILITY & FEES:

- All residents living in the home must certify that they are at least 65 year of age or older. Proof of age and residency are required.
- The person(s) under age 65 residing at the home must be unable to assist with snow removal due to physical or mental impairment. A statement from the Social Security Administration or a Valid mobility handicapped parking permit must be provided annually.
- The person(s) gross annual income is at or below one hundred fifty percent of the federal poverty level as published for the most recent year by the Unites States Department of Health and Human Services.

GENERAL INFORMATION:

- This service is provided, in accordance with **Municipal Code 12.12.055.**
- This service consists of removing snow from the property that lies within the public right-of- way. Butte-Silver Bow is not responsible for clearing your drive-way or sidewalks/walkways that are not in the public right-of-way.
- Snow removal will occur within 24 hours of snow accumulation.
- If snow removal has not occurred within 24 hours of the end of the last snowfall, please call the Public Works Department, Zane Gleason @ 406-497-6518.

Please sign and date below to confirm that you have read the program guidelines.

_____ Date: _____

Signature

_____

Printed Name

If you have any questions regarding the new snow removal laws or the assistance program, please call the Public Works Department at 406-497-6518.