THE CITY OF
Reminderville

2026-2027 Disabled/Senior Citizen Snow Removal Program

The Reminderville Service Department provides free snow plow services for residents who:
-are 65 years of age or over and/or are residents who are classified as physically disabled **AND:**

-have an annual household income that does not exceed $40,000
-have no able-bodied person residing in the household

THIS PROGRAM IS AVAILABLE TO THOSE LISTED ABOVE WHO HAVE AN ANNUAL HOUSEHOLD INCOME THAT DOES NOT EXCEED $40,000, AND PROVIDED THAT NO ABLE-BODIED PERSON RESIDING WITH THE RESIDENT IS CAPABLE OF REMOVING SNOW.

Please complete the application and return along with proof of income. A 2025 1040 Tax Form (front page) or a W-2 for 2025 will suffice. We will also need proof of age (driver's license or passport).

You can mail the form in to City Hall at the address below or drop it off at City Hall Monday-Thursday 8:00-4:00 and Friday 8:00-12:00.

No snow plowing will be furnished until the accumulation of snow reaches 3 inches as determined by the Service Director. **Driveways will be plowed after Reminderville roadways have been cleared for motorists and determined to be safe for passage. There are no guaranteed times when your snow removal service will be done.** If you are concerned your driveway will not be done early enough in the day, you may want to hire a private snow plower. We ask that you please be patient and courteous. This is not a state-funded program or grant.

If you were on the snowplow list last year, please call Stacey at City Hall 330-562-1234.

Reminderville City Hall 3382 Glenwood Blvd Reminderville, OH 44202

Application for Senior/Disabled Citizen Snow Removal

Name _____

Street Address _____

Phone # _____

Are you a senior citizen (65 years or older) Yes No

and/or

a person with a physical or medical disability? Yes No

If you are applying to qualify as a senior citizen, please state your date of birth:

_____/_____/_____

If you are applying to qualify as a disabled person, please indicate the nature of the disability: _____

_____

Please provide medical certification indicating that you have a physical or cognitive limitation which prohibits you from removing snow. Your doctor's office can email certification to Stacey Task at stask@reminderville.com or you can include a hard copy with your application.

YOU MUST QUALIFY FOR THE INCOME ELIGIBILITY.

PLEASE PROVIDE PROOF OF INCOME TO QUALIFY.

Signature _____ Date _____

Senior Citizen Applicant

I, _____, hereby certify that I am _____ years of age, not gainfully employed, that there is no other person residing with me capable of removing snow and that all of the information supplied by me in this application is true. If this application is accepted by the City of Reminderville, I agree that the City of Reminderville, its officers, employees, and contractors have full permission to come upon my premises at the address indicated on front, for the purpose of plowing snow therefrom and I further forever and completely release and discharge the City of Reminderville, its officers, employees, and contractors from all liability, claims, demands, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of the City of Reminderville providing the snow plowing services for which I have hereby applied. I further understand and agree that the snow removal program may be discontinued at any time the City of Reminderville deems necessary and that there shall be no liability or claims arising to the City of Reminderville as a result of the discontinuance of such program. I have read and understand the requirements and rules of the City's Senior/Disabled Snow Removal Program and agree hereby to abide and be bound by same.

_____
Signature of Applicant

Disability Applicant

I, _____, hereby certify that I am disabled, not gainfully employed, am unable to remove snow because of my disability. I further certify that there is no other person resides with me capable of removing snow and that all of the information supplied by me in the application is true. If this application is accepted by the City of Reminderville, I agree that the City of Reminderville, its officers, employees, and contractors have full permission to come upon my premises at the address indicated on front, for the purpose of plowing snow therefrom and I further forever and completely release and discharge the City of Reminderville, its officers, employees, and contractors from all liability, claims, demands, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of the City of Reminderville providing the snow plowing services for which I have hereby applied. I further understand and agree that the snow removal program may be discontinued at any time the City of Reminderville deems necessary and that there shall be no liability or claims arising to the City of Reminderville as a result of the discontinuance of such program. I have read and understand the requirements and rules of the City's Senior/Disabled Snow Removal Program and agree hereby to abide and be bound by same.

_____
Signature of Applicant