

**CITY OF WICKLIFFE**  
**APRON/SNOW REMOVAL SERVICE (APRON ONLY)**  
**GUIDELINES**

**Note: IF YOU FILLED OUT FORM LAST YEAR AND OUR**  
**ON OUR ACCEPTED LIST – YOU DO NOT NEED TO SEND**  
**PROOF OF INCOME- JUST FILL OUT FORM AND**  
**RETURN!!**

**INCOME BASED FOR ALL SENIORS**

1. The Apron Snow Removal program is for the benefit of residents of the City of Wickliffe who are:
  - 1) Current Homestead Exemption recipients, and have no able bodied person residing at the address;
  - or 2) physically or medically impaired, have a total income of less than \$34,600 and no able bodied person residing at the above address.
2. Each applicant applying for the service must reside at the address indicated, and intend to be in the City throughout the winter seasons; if not, said party shall notify the Service Department immediately when plans are changed.
3. Apron snow removal service shall be provided when there is an accumulation of approximately **6 or more inches of snow** in the apron area.
4. It is the responsibility of the homeowner to place driveway markers along edge of the drive apron to guide the plowers.
5. Apron snow removal service will be provided only after **all** streets in the City have been plowed.
6. There will be **NO** apron snow removal service on weekends or holidays.
7. Residents of Wickliffe who qualify for this service should complete and sign the attached application and return it to:

Wickliffe City Hall  
28730 Ridge Road  
Wickliffe, Ohio 44092-2598  
**ATTN: Apron Snow Removal Program/Pat Leovic**

The application contains a statement which releases the City of Wickliffe for liability for any damage incurred during the snow plow activity.

**CITY OF WICKLIFFE**  
**2022-2023 APRON SNOW REMOVAL SERVICE APPLICATION**

**NOTE: An application must be completed every winter season. (If you were on last year's list – you do NOT have to send proof of anything. Fill-out & return.**

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

ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

List all persons residing at the same address:

Name: \_\_\_\_\_ Age \_\_\_\_ Employed full-time \_\_\_\_ part-time \_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Employed full-time \_\_\_\_ part-time \_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Employed full-time \_\_\_\_ part-time \_\_\_\_

**Please check all categories which apply:**

\_\_\_\_ 1. Homestead exemption recipient (please attach copy of July, 2021 real estate tax bill), and proof of income totaling. **Copies will not be returned.**

\_\_\_\_ 2. . I am physically or medically impaired. (please attach current physician document, and your 1040 Form, W-2, income verification letter(s) from Social Security, retirement pensions, HEAP form, etc. for the year 2021

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I hereby certify that the information contained in this application is true and correct and to the best of my knowledge.

I have read the enclosed guidelines and I understand and agree to its provisions.

The undersigned hereby agrees for consideration of certain apron snow removal services to be provided by the City of Wickliffe, to hold harmless and release the City of Wickliffe and its agents from any and all suits, claims or damages which may arise as a result of snow removal services rendered to the undersigned for his or her convenience, and waive any claim on his or her own behalf arising from said City service.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THE ABOVE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_