



October 2023

Dear Resident:

The Village of South Rockwood requires all residents enrolled in the snow removal program to sign a waiver of liability at the beginning of the winter season. Sign and return the enclosed copy of this waiver in order to ensure that your name be added to the 2023-2024 list. Please be assured that our workers will take the utmost care while performing this service. *Please return the application AND the waiver.*

Please note that to be eligible for this program you must reside in your home for the majority of the winter season, and all occupants of your household must meet the age requirement of sixty-five. Those ages fourteen to sixty-five must submit a signed form from their physician describing the disability that limits their ability to shovel. If you go out of town for the winter your driveway will not be plowed. We do not plow driveways after hours or on weekends.

Driveway cleaning is a courtesy and not a mandatory service that the village is obligated to provide. The purpose of this service is to enable senior citizens and disabled residents to get out in case of an emergency situation.

However, after every snow storm the office is inundated with calls wanting to know when the driveways will be plowed. DPW has to clear the main roads and perform other necessary duties prior to driveway plowing. Only one driveway per residence will be plowed.

If you have any questions or circumstances have changed regarding your eligibility, please contact the Village Hall at 734-379-3683 Ext. 101.

Thank you!

Shannon Wright

**VILLAGE OF SOUTH ROCKWOOD  
DRIVEWAY SNOW REMOVAL APPLICATION  
2023-2024**

**PROPERTY OWNER OR LEASEHOLDER**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_

**PLEASE CHECK ONE OF THE ITEMS BELOW AS THE BASIS OF WHY YOU FEEL YOU ARE ENTITLED TO THIS PROGRAM.**

\_\_\_\_ AGE  
\_\_\_\_ PERMANENT DISABILITY  
\_\_\_\_ TEMPORARY DISABILITY  
\_\_\_\_ OTHER, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION NEEDED BELOW FOR EACH ADDITIONAL OCCUPANT OF THE ADDRESS ABOVE.**

OCCUPANT #1  
NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
\_\_\_\_ PERMANENT DISABILITY  
\_\_\_\_ TEMPORARY DISABILITY  
\_\_\_\_ HANDICAP  
\_\_\_\_ OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT # 2  
NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
\_\_\_\_ PERMANENT DISABILITY  
\_\_\_\_ TEMPORARY DISABILITY  
\_\_\_\_ HANDICAP  
\_\_\_\_ OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT #3  
NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
\_\_\_\_ PERMANENT DISABILITY  
\_\_\_\_ TEMPORARY DISABILITY  
\_\_\_\_ HANDICAP  
\_\_\_\_ OTHER (EXPLAIN \_\_\_\_\_)

OCCUPANT # 4  
NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
\_\_\_\_ PERMANENT DISABILITY  
\_\_\_\_ TEMPORARY DISABILITY  
\_\_\_\_ HANDICAP  
\_\_\_\_ OTHER (EXPLAIN \_\_\_\_\_)

**PLEASE ATTACH A DOCTOR'S CONFIRMATION FOR EACH DISABILITY OR HANDICAP LISTED. EVERYONE RESIDING IN THE HOME MUST MEET THESE REQUIREMENTS IN ORDER TO BE ELIGIBLE FOR SNOW REMOVAL SERVICES.**

**RETURN COMPLETED APPLICATION TO: VILLAGE OF SOUTH ROCKWOOD  
P.O. Box 85  
SOUTH ROCKWOOD, MI 48179**

**VILLAGE OF SOUTH ROCKWOOD  
SNOW REMOVAL WAIVER OF LIABILITY**

Whereas, the Village of South Rockwood provides assistance with snow removal on the property of some resident;

Whereas, the undersigned possess an ownership interest in the property and has the right to possession and control of the property commonly known as:

**ADDRESS:** \_\_\_\_\_

Considering possible personal injury and property damage which could result from the Village of South Rockwood assisting with snow removal and the inability of the Village to know the condition of the property and the uncertainties of the snow removal, the undersigned hereby waives and releases the Village of South Rockwood, officers, agents and employees from any and all injuries or damages, claims, demands, rights of action, cause of action, present or future, whether the same be known or unknown, anticipated or unanticipated, whatsoever arising from the participation of the undersigned in the Village of South Rockwood snow removal assistance program.

The undersigned acknowledges they are all of the owners of the property subject to this waiver.

The undersigned acknowledges that the waiver of liability has been read by the undersigned and the undersigned understands the waiver of liability in favor of the Village of South Rockwood, its officials, agents and employees.

Dated: \_\_\_\_\_

Property Owners: \_\_\_\_\_

\_\_\_\_\_