

# 2018—2019 DOT Snow Removal Registration Form

**Dear Baltimore City Resident:**

Thank you for your interest in the Baltimore City Department of Transportation's (DOT) Snow Removal Program! DOT will pair Baltimore City residents who are either over the age of 65 or who are physically unable to shovel their snow due to a disability or medical issue with a student between the ages of 14 and 21 who will assist the resident with removing snow from the Public Right of Ways adjacent to the residents property. In 2018-2019 the snow season will run from November 15, 2018 through April 15 2019. Each resident must meet the qualifications for the program. Please note that this service is based on DOT having sufficient student staffing in your area to shovel; therefore, completing this registration form **does not guarantee** that we will be able to offer you service. *Please read the registration guidelines carefully before submitting your form.*

All registrants must submit this completed registration form and all supporting documents to Baltimore City Department of Transportation on or before NOVEMBER 15, 2018. You will be notified of the status of your application by mail within a few weeks of receiving your documents.

## **THE FOLLOWING ITEMS MUST BE SENT WITH THE COMPLETED APPLICATION:**

**One or more** of the following items must be sent to support your medical condition if you are **under the age of 65**. If you are 65 or older none of the following are required:

- **MVA Disability license/placard**
- **MTA Mobility card**
- **Social Security Supplemental Income– SSI; OR**
- **Signed note from your doctor describing your condition and need for program assistance**

**For all applicants: A copy of your driver's license or photo  
identification card**

**Submit all information by November 15, 2018**



CATHERINE E. PUGH  
MAYOR





**2018 — 2019 DOT SNOW REMOVAL PROGRAM REGISTRATION FORM:** Please **PRINT** and complete all sections of the registration form below.

APPLICANT INFORMATION		
Name:		
Age:	Date of Birth:	Phone:
Current address:		
City:	State:	ZIP Code:
INFORMATION FOR OTHERS IN THE HOUSEHOLD		
Is there someone else in your household who can shovel the snow for you? (Circle One)		
Yes		
No		
MEDICAL CONDITION INFORMATION IF UNDER 65 YEARS OLD		
Do you have a medical condition that interferes with your shoveling the snow from your property? (Circle One)		
Yes		
No		
If yes please explain:		
OTHER:		

**Service Request # 18-** \_\_\_\_\_

Please read the following Participant Agreement carefully and sign.

**Registration Certification** – I certify that all of the above information I have provided is true and correct to the best of my knowledge. I understand this information may be verified and that false information will be grounds for removal from the program. I understand that snow and ice conditions are unpredictable and potentially dangerous and that ice may form after a sidewalk has been cleared. Sidewalks may be slippery even after being shoveled. In consideration of the services to be provided by the DOT Youth Snow Program, **I hereby agree not to sue and release the City, its elected/appointed officials, departments, agencies, employees, including participants in the Youth Snow program, and agents from and against all claims, demands, liabilities, or other causes of action arising out of or resulting from any damage, loss, expense, injury, or death caused or contributed to, directly or indirectly, by the work of the participants in the DOT Youth Snow Program.** I grant permission for the Department of Transportation to use my image, quotes, and/or voice in any and all forms of electronic or print for purposes that promote DOT's Snow Program, and/or the City of Baltimore.

I understand that the Snow Program will run from November 15, 2018 through April 15, 2019

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE FOLLOWING ITEMS MUST BE SENT WITH THE COMPLETED APPLICATION:**

For all applicants:

A copy of your driver's license, or photo identification card

For applicants under the age of 65 **also** send: Information supporting your medical condition (examples listed on page 1)

**Once completed, please mail, fax or hand deliver application and supporting documents to:**

Baltimore City - Department of Transportation  
Human Resources  
417 East Fayette Street,  
Room 545  
Baltimore, MD 21202  
Fax to: 410-545-7597

**Submit all information by November 16, 2018**



CATHERINE E. PUGH  
MAYOR

