



DEPARTMENT OF PUBLIC WORKS

OFFICE OF THE DIRECTOR

210 WEST ALDER
RITZVILLE, WASHINGTON 99169
(509) 659-3276

SNOW REMOVAL MEDICAL RELEASE FORM

To qualify for snow removal for medical reasons, the resident must file an application on forms provided by the Adams County Department of Public Works while meeting the following requirements:

1. The resident must reside in the dwelling for which participation in the program is being requested.
2. The resident must be medically impaired, temporarily or permanently disabled, and/or have critical medical obligations to qualify. All applicants must present a doctor's certificate stating the disability/condition along with the application. The doctor's certificate will be kept on file.
3. The resident must certify that they intend to remain in the residence from December 1st through March 31st and will not voluntarily be absent from the residence for prolonged periods without notifying the Department of their absence.
4. The residence must be absent of an able-bodied person (above the age of 15) capable of the snow removal requested.
5. The applicant must agree to release Adams County and its employees from any and all damages and liability arising out of snow removal that may occur during the performance of the work requested.

Falsification of any information contained in the application will result in immediate disqualification and the applicant will be required to reimburse Adams County for all costs incurred.

DETAILS OF THE PROGRAM

The requested County roads will be plowed according to the Snow Plowing policy. There are no guaranteed times when snow removal service will be performed and will be at the discretion of the Department.

Snow plowing on the private portions of the roads requested will take place after the County has completed priorities #1 and #2 within the Snow Plowing Policy and only after at least 3" of snow has accumulated, if during the normal workweek, and at least 5" if accumulated on the weekends or holidays, as measured by the Department.

Residents with extremely urgent conditions such as medical obligations may contact the Department for emergency arrangements.

APPLICATION TO CLEAR SNOW FROM ROADWAYS

I, _____

Request that the Adams County Department of Public Works clear snow from the below mentioned roads during the winter of: _____

The reason for my application is: ___Impairment ___Disability ___ Medical Condition

State the form of Impairment/Disability/Condition and Provide a Doctor's Certificate:

The Adams County Department of Public Works will provide snow removal service on the County Roads as stated within the County Snow Plow Policy and on the private portions of the roads requested only after at least 3” of snow has accumulated, if during the normal workweek and at least 5” of accumulation if on the weekend or holiday, as measured by the Department.

I understand that my private portion of the road will be plowed after crews have cleared county roadways (Priority #1 and #2) and there are no guaranteed times when snow removal service will be performed. I hereby release and agree to hold Adams County and its employees harmless for any liability property damage or personal injury that might occur as the result of snow removal whether said damage is caused by an act of negligence or otherwise. This also includes my mailbox. (Heavy snow is the main cause of damage to a mailbox)

RESIDENT: _____ DATE: _____

ADDRESS: _____

MY PLACE OF RESIDENCE IS _____ miles from the intersection of

(my road)

AND _____

(closest intersection and/or cross roads)

PHONE: _____

AFFIDAVIT OF ELIGIBILITY

I. PERSONAL INFORMATION

Applicant's Name: _____ DOB: _____

Address: _____

Phone: () _____ Cell Phone: () _____

II. OTHER PERSONS LIVING IN THE HOME

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

IV. AFFIDAVIT OF ELIGIBILITY

I, _____, being duly sworn, state:

- 1. I reside in the dwelling listed above.
- 2. I am medically impaired, or temporarily or permanently disabled.
- 3. No person listed in Section II is capable of snow removal on the portions of private road listed above.

Applicant's signature

Date