



APPLICATION FOR SERVICE

Personal Information	
NAME:	
ADDRESS:	
PHONE:	
WHO CURRENTLY REMOVES THE SNOW NOW?	
WHY DO YOU NEED SNOW ANGELS?	
Service Required	
COMMENTS:	
DATE OF APPLICATION:	
By signing below, I agree to allow "Snow Angels" on my property for the purpose of snow removal. I also agree to have my name and address given to "Snow Angel" Volunteers for the purpose of snow removal.	
SIGNATURE:	
By signing below, I declare that there is no person under the age of 55, living within my residence, who is able-bodied and capable of snow removal on my behalf.	
SIGNATURE:	
Office Use Only	
APPROVED BY:	
DATE:	
Sign Number:	