

APPLICATION FOR SNOW REMOVAL PERMIT

NAME OF BUSINESS:	
ADDRESS:	
CITY, STATE, ZIP:	
FELEPHONE NUMBER:	
/EHICLE DESCRIPTION:	YEAR:
COPY OF DRIVER LICENSE REQUIR	RED
ICENSE PLATE NUMBER:	VIN NO.:
COPY OF REGISTRATION REQUIRE	ED .
NSURANCE COMPANY:	
COPY OF POLICY REQUIRED	
POLICY NUMBER:	EXP. DATE:
OO YOU OFFER SENIOR RATES?	R TO THE PUBLIC? [] YES [] NO [] YES [] NO IF YES, COST \$OR MUST CALL []
	[] YES [] NO IF YES, COST \$OR MUST CALL []
DO YOU OFFER SENIOR RATES? EMERGENCY CONTACT INFO 1) NAME:	[] YES [] NO IF YES, COST \$OR MUST CALL [] ORMATION RELATION:
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City Hall: 5353 Lee Road Maple Heights, OH 44137 Office: (216) 662-6000 Fax: (216) 587-2065 City website: www.mapleheights.cuyahogacounty.us