

Town of Middletown Application for Snow Removal Assistance



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709

(302) 378-2711
www.middletownde.org

Application for Snow Removal Assistance

First Name _____

Last Name _____

Street Address _____

Telephone Number _____

e-mail _____

Physical Limitation or Hardship (Explain):

Doctor's excuse? () Yes () No

Signature _____

Date _____

- Please remember the Town has responsibilities and priorities. Your sidewalk will be shoveled when all the Town streets and emergency facilities have been addressed. We ask that you please be patient and courteous.
- Walk will not be shoveled unless at least one inch of snow has fallen.
- Only the main front walk and a path to the shoveled door will be shoveled.
- This form must be received by The Town of Middletown by **November 15th** of the current year to be considered for approval for the **following winter season**.

FOR OFFICE USE ONLY:

Approved By _____ Date _____
1/25/16