SNOW ANGEL REQUEST FORM

Requirements: 60 years of age or older or have a physical disability

Name: _____ _____
First Last

Address: _____

_____

Phone Number: _____ Email: _____

Neighborhood/Plan Name: _____

Do you have any disabilities? If so, please disclose to the level that you are comfortable.

_____

Are you 60 years of age or older? Yes / No (please circle one)

Do you have any alternative snow removal resources (family, friends)? Yes / No (please circle one)

I/we would like a volunteer to help with shoveling my sidewalk, walkway up to my front door/primary entry to residence. Yes / No (please circle one)

I/we would like a volunteer to help with shoveling my driveway. Yes / No (please circle one)

Do you have a shovel available to use?* Yes / No (please circle one)

Do you have salt available to use?* Yes / No (please circle one)

*If "yes" to either of these two questions, please let us know where they would be located:

_____

(We recommend leaving your shovel and salt outside where a volunteer can easily find them.)

Did you fill this form out on someone else's behalf? Yes / No (please circle one)

If "yes", enter your full name, relationship, phone number and email address where you can be contacted. _____

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