

1300 County-City Building  
227 W. Jefferson Blvd.  
South Bend, IN 46601



## SNOW REMOVAL DISABILITY EXEMPTION AND WAIVER OF LIABILITY APPLICATION

City of South Bend     Pete Buttigieg, Mayor  
**DEPARTMENT OF CODE ENFORCEMENT**

**Please read the following before filling out this form:**

- The person seeking exemption (hereafter “applicant”) must reside in the property address listed below.
- All information filled in below should be for the applicant unless otherwise noted.
- This waiver only prevents you from receiving Ordinance Violation Tickets; you still need to arrange for snow removal.

**Instructions:**

- You need to fill this form out in its entirety. Incomplete forms will not be reviewed.
- Documents showing proof of disability must accompany this application. Acceptable documentation includes:
  - Social Security Disability Determination Letter
  - Medicaid/Medicare Documentation - Due to Disability
  - Note from Your Physician (stating you are medically unable to shovel the snow)
- This form will need to be filled out for **every year**.
- Print legibly!

**Applicant's Information**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment:  I am employed.      I am not employed because of my disability.

**Reason for Exemption**

Identify Disability and Diagnosis of Disability: \_\_\_\_\_

\_\_\_\_\_

Describe how Disability Impairs Ability to Remove Snow: \_\_\_\_\_

\_\_\_\_\_

**Household Information**

List the Names and Ages of ALL Other Persons Living at the Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any other members of the household disabled?  No      Yes – Please List Names: \_\_\_\_\_

\_\_\_\_\_

No other person in my household can shovel snow from my sidewalk and I do not have any other person who can assist me.

**Property Owner's Information**

Property Owner's Name: \_\_\_\_\_

Relationship to Property Owner (if different than applicant): \_\_\_\_\_

**Contact Person's Information (if Applicant is Unavailable)**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Supporting Documentation**

Supporting documentation must be included. Please indicate the type of documentation you are providing:

- Social Security Benefit due to Disability Documentation
- Medicaid/Medicare Documentation - Due to Disability
- Medical Impairment Documentation from Physician (must indicate you are unable to shovel snow)

**Signature**

*The undersigned requests a disability exemption to South Bend's snow removal ordinance. The undersigned personally occupies the property noted above. By signing this document, the undersigned affirms under penalties for perjury that all information contained in this application is true and accurate. The undersigned further acknowledges that furnishing false or misleading information to a government agency is a criminal offense.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please send completed application *and* supporting documentation to:**

Department of Code Enforcement  
Attn: Snow Waiver Application  
227 W. Jefferson Blvd.  
South Bend, IN 46601

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(for office use only)

Approved Date Received: \_\_\_\_\_

Denied Date Reviewed: \_\_\_\_\_

Reviewed by (Name): \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

If further information is needed, identify: \_\_\_\_\_