

Vernon Elderly Assistance Board  
567 Governor Hunt Road  
Vernon, VT 05354

01 November 2019

Dear

The Elderly Assistance Board is providing snow removal services again this year. We will continue to provide you with the same service as in previous years. If you chose to contract with someone other than the persons we have contracted with please let us know who that is. We want to make sure that they understand how the program works and the guidelines. They will also need to provide proof of insurance and fill out other required forms before they can begin plowing for EAB.

We have set a limit of \$500.00 snow removal. Any amount over this will be your responsibility. We find it necessary to set limits due to the number of requests we have. We are prepared to make adjustments for emergencies, unforeseen weather and the addition of others needing snow removal or other services but without limits we are fearful of depleting our funds.

We are thankful to the residents of Vernon for allowing this program to continue and want to make sure that we are able to provide services. The Board would also like to remind everyone that services are provided for homes that are lived in year round.

Please read the guidelines attached before signing and remember that the Contractor assigned is hired by the EAB. If there are any questions/problems **DO NOT** contact them directly but contact an EAB member.

**If you wish to continue with our snow removal program please fill out the enclosed form and return it. They may be mailed to me (361 Huckle Hill Rd) or dropped off at the Town Office Building to be placed in the EAB mailbox.**

MARYLYNN SCHERLIN, Chairman  
Elderly Assistance Board

**ELDERLY ASSISTANCE REQUEST**

**CLIENT NAME:**

**ADDRESS:**

**PHONE:**

**DATE OF REQUEST:**

I \_\_\_\_\_ request assistance from the Elderly Assistance Board. I am stating that my finances are limited and I am at least 65 years of age or disabled. I have been a resident of Vernon, Vermont for over 1 year. I am willing to accept assistance from available local agencies first and from volunteers as needed. I understand that my request is confidential and will only be shared with the EAB members and necessary agencies or volunteers.

My request is: **Snow removal for the winter of 2019/2020**

**I further understand the following guidelines for snow removal.**

1. Snow removal will be for basic home access. This will include clearing of the driveway, path to the main access door and access for fuel delivery.
2. Snow will be removed at the completion of storms and only after storms of 4 or more inches. Exceptions will be made for heavy snow accumulation.
3. Sanding will be done as appropriate and as determined by the EAB members.
4. Generally contractors will be selected by the EAB.
5. EAB or the contractors will not be responsible for the normal accumulation of sand, salt or earthly debris that occurs during snow removal.
6. Exceptions are as determined by the EAB members.

**Client Signature:**

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**DO NOT WRITE BELOW THIS LINE**

Contractor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

Date received by EAB: \_\_\_\_\_

Approved/Disapproved by EAB on \_\_\_\_\_