

**CITY OF WARWICK
APPLICATION FOR 2022-2023 SNOW PLOW SERVICES**

NAME _____ DATE _____

ADDRESS _____

SS# _____ OR FED. ID# _____

REGISTRATION # _____ **(ATTACH COPY OF REGISTRATION)**

YEAR, MAKE MODEL _____ GROSS WT (GVW) _____

VIN # _____

VALID INSPECTION STICKER? YES NO

Has own plow? YES NO Plow Size _____

Has own chains? YES NO Has own hydraulic cylinders & pump? YES NO

Has own frame? YES NO Emergency lights? YES NO

Liability Insurance Co. _____

Coverage _____ License# _____

OWNER'S Signature _____

Telephone Numbers **(List in order of priority)**

1. # _____ Name _____

2. # _____ Name _____

3. # _____ Name _____

4. # _____ Name _____

5. TRUCK PHONE NO. _____

Where is truck garaged? (address) _____

Make checks payable to: _____

ADDRESS: _____

**INSURANCE BINDER PAGE IN THE AMOUNT OF \$1,000,000 WITH THE CITY OF WARWICK NAMED AS
AN ADDITIONAL INSURED MUST BE PRESENTED PRIOR TO PLOWING**

PLEASE SUBMIT INVOICE FOR PAYMENT – CHECKS WILL NOT BE RELEASED WITHOUT A SIGNATURE
AND COMPLETION OF PAPERWORK. CHECKS CAN BE PICKED UP AT 925 SANDY LANE

Fax Certificate of Insurance– Fax No. 732-5208

Any questions, please call 401-738-2003.