



**TOWN OF CHEEKTOWAGA SNOW PLOWING**

**PERMIT October 1, 2023 – April 30, 2024**

**Fee: \$25.00 per vehicle**

**Permit Number 2023-\_\_\_\_\_**

*(To be completed by Town Clerk)* good from October 1<sup>st</sup> with an expiration date of April 30<sup>th</sup>

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street **(NO P.O. BOX WILL BE ACCEPTED)** Town, City Zip Code

**Phone Number(s) where applicant may be reached:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

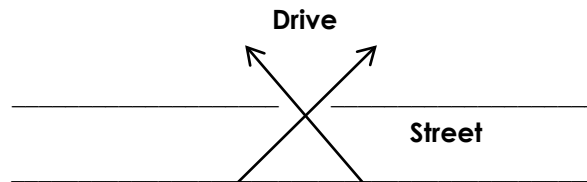
**LIST OF VEHICLES USED BY APPLICANTS:**

<u>Vehicle Identification Number:</u>	<u>Model:</u>	<u>Year:</u>	<u>Plate Number:</u>
Vehicle#1 _____	_____	_____	_____
Vehicle#2 _____	_____	_____	_____
Vehicle#3 _____	_____	_____	_____
Vehicle#4 _____	_____	_____	_____

**CERTIFICATE OF INSURANCE REQUIRED**

Current Insurance Carrier Certificate Attached: YES  NO

**TYPICAL PROPERTY PLOWING PROCEDURES:**



**I HEREBY CONSENT TO ALL RULES AND REGULATIONS SET FORTH BY CHAPTER 202 OF THE TOWN CODE.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received by Town Clerk: \$25.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ Receipt# \_\_\_\_\_

Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ Highway

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_