

**MUST SHOW
COMMERICAL
STATE
REGISTRATION**

**CITY OF SOUTH EUCLID
DEPARTMENT OF POLICE**

**PROVIDE ALL
INFORMATION
EXCEPT THE
PERMIT NUMBER**

SNOW REMOVAL – PLOW PERMIT

PRINT LEGIBLY

DATE: _____

APPLICANT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

TELEPHONE: _____ Do you want your number listed on the public list: Yes / No

1. Vehicle Make: _____ Model: _____ Year: _____ Plate: _____ Permit: _____

2. Vehicle Make: _____ Model: _____ Year: _____ Plate: _____ Permit: _____

3. Vehicle Make: _____ Model: _____ Year: _____ Plate: _____ Permit: _____

4. Vehicle Make: _____ Model: _____ Year: _____ Plate: _____ Permit: _____

FEE PER PERMIT: **\$25** for 1st permit, **\$10** each additional permits.
Total amount paid: \$ _____

**THE CITY OF SOUTH EUCLID HEREBY GRANTS PERMISSION TO THE ABOVE NAMED TO
PERFORM SNOW REMOVAL WORK IN THE CITY OF SOUTH EUCLID, OHIO.**

Let it be known that the City of South Euclid, the officials and employees of South Euclid are hereby released from any liability whatsoever for any claim, action, damage or course of action taken by any claimants now or hereafter by reason of the issuance of such permission and any work performed thereunder.

South Euclid Police Department

**I, THE UNDERSIGNED HAVE RECEIVED A COPY OF THE SNOW PLOWING ORDINANCES
521.04 (d) and 1143.01 FOR THE CITY OF SOUTH EUCLID.**

Signature of Applicant

**THIS PERMIT EXPIRES ON MAY 15th, 2017
DISPLAY PERMIT IN UPPER LEFT CORNER OF REAR WINDOW**