



**CITY OF GARY
APPLICATION FOR
SNOW REMOVAL AND PLOWING**

GENERAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Individual Contractor Name:

Corporation Name:

Address of Owner:

City:

State:

Zip Code:

Day/Night Phone Number:
()

Cellular Phone Number:
()

Email Address:

DRIVER INFORMATION

ALL DRIVER'S MUST HAVE A VALID LICENSE

Driver:

License No:

Driver:

License No:

Driver:

License No:

VEHICLE INFORMATION

PLEASE LIST ALL VEHICLES

EQUIPMENT TYPE <small>(PLEASE INDICATE) SINGLE AXLE, TANDEM AXLE, TRI-AXLE, 4X4, TRACTOR, GRADER OR LOADER</small>	MAKE/YEAR	MODEL/ TYPE	LICENSE NO.	VIN NO.	SPREADER	PLOW

INSURANCE INFORMATION

(MUST ADD CITY OF GARY AS AN ADDITIONAL INSURED)

Insurance Company:

Policy No.

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:

Phone Number: ()

Applicant Signature: