



## **Excessive Snow Removal Hardship Service**

### **Service provided**

Clearing of snow from the public sidewalk of the home provided by City of Milwaukee contractors for the 2019-2020 winter season. Contractor will remove snow in excess of 4" within 24 hours after the snow has ended.

### **Eligibility**

- Owner-occupied single family home
- All residents must be physically unable to remove snow from their sidewalk
- Documentation must be submitted for each resident. Residents currently receiving cart hardship service do not have to resubmit documentation.

### **Cost for Each Snow Event of 4" or more**

\$65 – 0-60 linear feet of sidewalk  
\$130 – 61-120 linear feet of sidewalk  
\$195 – 121-180 linear feet of sidewalk  
\$260 – 181-240 linear feet of sidewalk  
\$325 – 241-300 linear feet of sidewalk

### **Payment**

Charges will be assessed to 2020 property tax bill.

### **Process**

Fill out and submit the attached application and medical documentation to:

City of Milwaukee DPW- Operations, 841 N Broadway Rm. 620, Milwaukee, WI 53202  
faxed to (414)-286-3344  
emailed to [Sanitation@milwaukee.gov](mailto:Sanitation@milwaukee.gov)

Once the application is received, approval and coordination with the contractor will take 3 business days to complete and for service to begin.

### **Questions**

Email [sanitation@milwaukee.gov](mailto:sanitation@milwaukee.gov) or call 414-286-3517, staff will not be available to assist when we are in an active snow clearing operation.



Department of Public Works  
Operations Division  
841 N Broadway Room 620  
Milwaukee, WI 53202

### Winter 2019-20 Excessive Snow Clearing Hardship Service Application

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED COMMUNICATION METHOD:             EMAIL            OR             PHONE

NUMBER OF PEOPLE LIVING AT THIS ADDRESS: \_\_\_\_\_

**LIST ALL PEOPLE LIVING AT THIS ADDRESS**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Please attach an additional page if there are more than 3 additional residents.

**Please review and check each statement and sign below:**

- I am the owner and live in the single family home listed above. All residents of my home are unable to remove snow from the sidewalk.
- I have attached medical documentation for myself and each member of my household.
- I understand that I will be charged when \$65 per each 60 linear ft of sidewalk when snow in excess of 4" is removed from the sidewalk.
- I understand the City is not responsible for lawn or sprinkler damage or for subsequent slippery conditions or accidents that may result. I, the owner am still subject to maintaining my sidewalk in accordance with City ordinances.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This application and medical documentation can be mailed to:  
City of Milwaukee Sanitation Services, 841 N Broadway Rm. 620, Milwaukee, WI 53202  
faxed to (414)-286-3344  
emailed to [Sanitation@milwaukee.gov](mailto:Sanitation@milwaukee.gov)

Applications will be processed in the order they are received. All applications must be received by October 15, 2019.

**If you have questions regarding this service, please call (414) 286-3345 TTY: (414) 286-2025**