DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

APPLICATION FORM

Reimbursements will <u>not</u> be permitted for events prior to registration acceptance. Accepted registrations will remain in effect until DelDOT is notified that your association no longer wishes to participate.

Mail application to:

DelDOT M&O Bus. Mgmt.
Attn: Kelly Wilson
PO Box 778
Dover, DE 19903

E-mail: dot.srrp@delaware.gov
Phone: (302) 760-2085
Fax: (302) 739-7390

The Division of Accounting requires registration through the website https://esupplier.erp.delaware.gov before any financial transactions can be processed. You will need to call 302-526-5600, opt. 1 to request a user ID.

Association information <u>must match</u> information as entered on the eSupplier portal.

EFT notifications are mailed to the association address.

Association name: _____
Association address: _____
_____
Association EI #: _____
Association Contact name: _____
Association Contact address: _____
_____
Home phone #: _____
Work phone #: _____
Email address: _____

Alternate Contact or Management Co: _____
Address: _____
Phone #: _____
Email address: _____

Our association will be responsible for snow removal of the following <u>subdivisions</u>.

_____
_____
_____

We certify that, in conjunction with snow removal services for which reimbursement will be requested under HB 544, only licensed and insured contractors will be used. It is further understood that DelDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties involved.

Signed: _____ Date:_____ _____Date:_____
Association President Alternate