

DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

APPLICATION FORM

Reimbursements will not 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: Melissa Pryor E-mail: dot.srrp@state.de.us
PO Box 778 Phone: (302) 760-2085
Dover, DE 19903 Fax: (302) 739-7390

The Division of Accounting requires completion of the Delaware Substitute Form W-9 on their website <https://w9.accounting.delaware.gov> before any financial transactions can be processed.

Association information must match information as entered on Delaware Substitute Form W-9.

Checks and EFT notifications are mailed to the association address.

Association name: _____

Association address: _____

Association EI #: _____

Contact name: _____

Contact address: _____

Home phone #: _____

Work phone #: _____

Email address: _____

Alternate Contact: _____

(Please provide if association and contact address are the same)

Our association will be responsible for snow removal of the following subdivisions.

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: _____ Association President Association Secretary (or other officer)

Date: _____