DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM – 2009-2010 SEASON
REIMBURSEMENT REQUEST

Reimbursement Instructions:
This form is to be used by "registered civic associations" when requesting reimbursement(s) from DelDOT. Please:

1. Use a **separate form for each qualified event.**
2. Attach a copy of the contractor's bill.
3. Attach the proof of payment (copy cleared check or bank statement). (Optional – signed, notarized statement – see below)
4. Your reimbursement request must be in our office no later than June 4, 2010. Claims received after this date will not be processed.

If you have an **annual contract** in which you paid an agreed upon annual amount up front, send us a copy of the contract, a copy of the cleared check that paid the contract, and this form signed certifying that the contractor is licensed and insured. DelDOT will **automatically** reimburse the maximum allowed for each qualified storm capped at 75% of your **paid** contract cost.

Mail to DelDOT:

ATTN: Linda Stump
DelDOT Admin. Bldg.
P. O. Box 778
Dover, DE 19903-0778

Contact us at:
Phone: 302-760-2085
FAX: 302-739-7390

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been 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.

Signed:_____ **Association Office:**_____

Name of Association:	Name of Contractor:
Name of Contact Person:	Contractor Contact Person:
Contact Person Phone:	Contractor Phone:

Reimbursements will be mailed to the Association Address on file. Please ensure that this address is current and correct. If the address has changed please complete a DE W-9 at www.accounting.delaware.gov and complete and return an association change form immediately so that your account record can be updated.

Daily breakdown of services and material provided by the contractor:

Note: if storm cleanup requires more than one day, it is necessary to **provide daily information**.		**Plowing Services**	**Materials Used (Salt/Sand)**	**Total Paid**
Storm Date				
Starting Date of Work				
Completion Date of Work				
Total for Storm:				

Instruct your contractor to bill for each storm separately and list the date(s) services were provided and reflect them above. DelDOT allows the cost of materials used on the roadways and has included these changes in the snow cap formula. Materials and services used on private property such as sidewalks and driveways are not reimbursable and should be listed on invoice separately. Please ask your contractor to provide the date(s) that services were provided in their billing document so that you can properly provide them on this form. This information is necessary for our Federal Reporting needs.

Optional Notarized Statement (for those wanting reimbursement without presenting cleared checks):

I attest to the accuracy of the information provided on this form and further attest that our association has paid or will pay the contractor the full amount billed and indicated on this form within 30 days.

_____
Authorized representative of neighborhood association

_____
Notary County Commission Expiration Date

Extra copies of this form are available at our website, www.deldot.gov. Click on Community Programs and Services, scroll down to Snow Removal Reimbursement Program, and click on Reimbursement Form.