

**TOWN OF FALMOUTH
SNOW PLOW CONTRACTOR
INFORMATION SHEET**

CONTRACTOR:

CONTRACTOR NAME: _____
MAILING ADDRESS: _____
PHONE NO.: _____
CELL PHONE: _____
S.S. # / FED ID #: _____

DRIVER INFORMATION: (if applicable)

NAME: _____
CELL PHONE: _____

VEHICLE:

YEAR/MAKE/MODEL: _____
COLOR _____ **PLATE #** _____ **4X4(Y/N)** _____
PLOW BLADE MAKE & LENGTH: _____

REQUIREMENTS:

CERTIFICATE OF LIABILITY INSURANCE: (Y/N) _____

Minimum coverage of \$100,000-\$300,000 personal injury, \$50,000 property damage, \$100,000 minimum Worker's Comp Ins.(if employing driver's)

CURRENT MASSACHUSETTS REGISTRATION(Y/N) _____

MECHANIC'S SECTION:

(To be filled out by T.O.F. Mechanic only)

VEHICLE CONDITION:(Good, Fair, Poor) _____

EMERGENCY EQUIPMENT PREPARED:(Y/N) _____

ISSUANCE OF PLOW BLADE:(DATE) _____

(Only upon acceptance) DRIVER'S SIG.: _____

VALID STATE INSPECTION STICKER:(Y/N) _____

ADMINISTRATIVE SECTION:

DATE OF ACCEPTANCE: _____

ROUTE NUMBER: _____

RATE: _____

AUTHORIZATION: _____

James Grady, Superintendent of Highways