

Gypsum Fire Protection District Snow Removal Application Process

511 Second Street • P.O. Box 243 • Gypsum, Colorado 81637
(970) 524-7101

The Gypsum Fire Protection District is proud to help those citizens of the district who have an unusual medical and/or financial means preventing them from performing snow removal required by the Town of Gypsum. Those persons wishing to obtain snow removal services from the district shall provide proof of limited income, impaired physical ability, and lack of other means for snow removal requiring assistance from GFPD. *GFPD requires a copy of a quote from a private snow removal company in conjunction with the application. GFPD will not compete with private enterprise.*

All residents of the district inquiring about snow removal shall be provided an application to fill out and return to the station. Upon receipt of a completed application the GFPD fire representative shall sign and date the application and turn it in to the fire report box in the ops office. GFPD will schedule a walkthrough of the property prior to the review meeting to determine needs and scope of work. Applications are to be reviewed by the paid staff during weekly staff meetings for approval (partial or full) or denial. The staff will outline the extent and the duration of the service to be provided. The property owner shall be notified of the decision via phone. An updated snow removal list shall be provided to the duty crews as properties are removed or added.

The approved applicants shall have their property cleaned once daily after recent snow fall only after all other emergency operations have been completed. Snow accumulation shall be a minimum of a half inch before crews act on the new accumulation. The snow removal list will be limited to a maximum of 15 houses. Gypsum Fire Protection District reserves the right to omit a residence temporarily due to, but not limited to: active 911 calls, minimum staffing, daily special events, and other extenuating circumstances.

All questions from citizens shall be directed to Lt. Valdez or Chief Vroman.

Chief Dave Vroman
Gypsum Fire Protection District
511 Second Street
PO Box 243
Gypsum, Colorado 81637
(970) 524-7101x11
(970) 524-9880 fax

Lt. Daniel Valdez
Gypsum Fire Protection District
511 Second Street
PO Box 243
Gypsum, Colorado 81637
(970) 524-7101x16
(970) 524-9880 fax

Gypsum Fire Protection District Snow Removal Application

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Lt. Valdez (970) 524-7101 ex 16

Received by GFPD Representative: _____

Date Received: _____

Household

Name: _____

(First)

(Last)

Address: _____

City: _____

Subdivision: _____

List household family members

Primary Phone #: _____

Secondary Phone #: _____

	First	Last	Relation	Age	Reason unable to perform snow removal
1					
2					
3					
4					
5					
6					

Income Source

(For Each Adult Family Member)

Resident #1

Resident #2

Resident #3

<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Unemployment \$ _____
<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Employment \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Social Security \$ _____
<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> VA Benefits \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> Family Donation \$ _____	<input type="checkbox"/> Family Donation \$ _____	<input type="checkbox"/> Family Donation \$ _____
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other \$ _____
Total Monthly Income \$ _____	Total Monthly Income \$ _____	Total Monthly Income \$ _____

Income Source (continued)

Resident #4

Resident #5

Resident #6

<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Unemployment \$ _____
<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Employment \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Social Security \$ _____
<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> VA Benefits \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> Family Donation \$ _____	<input type="checkbox"/> Family Donation \$ _____	<input type="checkbox"/> Family Donation \$ _____
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Other \$ _____
Total Monthly Income \$ _____	Total Monthly Income \$ _____	Total Monthly Income \$ _____

Total Household Income \$ _____

Medical Disability

Please describe medical condition:

Place of Treatment:

Physician:

Anticipated Duration Of Injury:

Other

Please describe any other information that might help provide insight to your hardship.

I certify that the statements on this application are true to the best of my knowledge with the understanding that they will be verified. I understand that any false statements made on this application may cause me/us to be disqualified for assistance.

Applicant's Signature

Date:

Applicant's Spouse Signature

Date:

A Gypsum Fire Representative will contact approved applicants to discuss the scope of the snow removal. Applicants are required to inform the GFD, in writing, changes in family composition, income, address, phone numbers, or any other information that may affect their application.

Office Use Only			
Date of Walk Through:		Date of Staff Review:	
<input type="checkbox"/> Approved	Date:	<input type="checkbox"/> Denied	Date:
Reason: <input type="checkbox"/> Medical <input type="checkbox"/> Financial	Reason: <input type="checkbox"/> Medical <input type="checkbox"/> Financial		
<input type="checkbox"/> Added to the list	Effective Date:	Termination Date:	
<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	Approved Scope of Service:	
GFPD Approval Signature:			Date:

