



Michael R. Costello
Superintendent Highway Department

Town of Rehoboth, Massachusetts

Rehoboth Highway Department
345 Anawan St.
Rehoboth, Ma 02769
TEL: (508)252-3912
FAX: (508)252-3421
EMAIL: mcostello@town.rehoboth.ma.us

SNOW PLOW PROCEDURES

Contractors will **NOT** be called for plowing unless they have met **ALL** of the following requirements:

1. Submit a completed 'Application to Plow' and 'Certification'
2. Provide copy of valid current Drivers' License.
3. Provide copy of valid current Vehicle Registration.
4. Provide proof of auto insurance in the amount of \$100,000/\$300,000 Bodily Injury and \$100,000 Property Damage. With the Town of Rehoboth as Certificate Holder
5. Provide Highway Dept. with cell phone number and number to be used for call-out.
6. Bring truck to Highway Department for vehicle inspection which includes:
 - Strobe lights visible to approaching and following vehicles, or strobe lights front and rear.

All trucks must have.

 - Plow mounted on truck with 4 way angle working
 - Valid inspection sticker
 - Working windshield wipers
 - Heater and all interior and exterior lights operational
 - 4-wheel drive if so equipped must be working
7. Highway mechanic shall preform inspections.

Other Provisions:

- a) Compensation is all inclusive for vehicle, driver, fuel, insurance, cutting edges and repairs.
- b) Vehicle's called out are expected to arrive within 30 minutes of call out, fully loaded with **Fuel**.
- c) Drivers must call in with Highway upon arrival and call out upon completion of their route assignment(s).

- d) Compensation for plow services begins with sign-in time and ends with sign-out time rounded to the nearest quarter hour.
- e) Minimum compensation for plowing services shall be 4 hours except vehicles arriving more than 45 minutes after being called are not guaranteed 4 hours.
- f) Contractors are expected to be available for any snow event which has the potential for plowing. Contractors shall notify Highway Office 508-252-3912 of any planned vacation or emergency that may prevent their plowing. Contractors must make every attempt to find a replacement driver in these instances.
- g) Contractors may take a coffee break 'on the run' at any time.
- h) Contractors are not to argue with residents, motorists or other parties, but refer complaints to Highway Office 508-252-3912.
- i) Contractors may not use fuel or parts from Highway Department supply.
- j) Contractors shall notify Highway Office immediately of any mechanical problems. Contractors are permitted to make repairs up to 30 minutes in length without penalty. Contractors shall log out for repairs that put the vehicle out of service for longer than 30 minutes.
- k) Highway Dept. Shall prepare invoices for payment following plowing event based upon times of signature sheet. Contractors shall be paid to the nearest 1/4 hour.
- l) Contractors will be dismissed for plowing other jobs on the Town's time, for plowing under the influence of alcohol or drugs, or other action that reflects poorly upon the Town.
- m) Plow vehicle inspections begin Monday, October 16, 2017 and must be completed before Thursday, November 2, 2017 between the hours of 7:00am and 3:00pm Monday- Friday. *If you are unable to schedule your inspection during this time, please call (508)-252-3912 and we will do our best to try and schedule another time of day between these Dates but no later than Thursday, November 2, 2017.*
- n) Contractors who do not intend to plow for the Town of Swansea this winter season are to notify the Clerk/Dispatcher upon receipt of this letter.
- o) Contractors who have not submitted all required paperwork or who have not had their vehicles Inspected by Thursday, November 2, 2017 and obtained a successful inspection shall be replaced in the plowing lineup by other contractors who have met these requirements.

RATES

The rates for the 2017 – 2018 winter periods are:

3/4 ton pickup truck with 4 wheel drive and reversible plow, 7 ft min.	\$75.00/hr.
1 ton pickup with 4 wheel drive equipped with 8 – 9 ft reversible plow	\$85.00/hr
6 wheel dump, >26,000 lb with reversible plow, 10ft min.	\$90.00/hr
Ten wheeler with reversible plow, 10 ft min	\$110.00/hr
Ten wheeler with 6-10 cy spreader w. automated synchronization	\$125.00/hr

The determination of applicable rate shall be made by the Rehoboth Highway Department

Town of Rehoboth
Snow Plowing Contractor Application

Company/Name: _____ Date _____

Address: _____

City, State, Zip: _____

Cell Phone # _____ Home Phone _____

Social Security # _____ Tax ID # _____

Driver's Information if Different Than Above

Name: _____ License # _____ State _____

Address: _____ City/Town _____ State _____

Cell # _____

Name: _____ License # _____ State _____

Address: _____ City/Town _____ State _____

Cell # _____

Name: _____ License # _____ State _____

Address: _____ City/Town _____ State _____

Cell # _____

Vehicle Information

Make _____ Model _____ Year _____ REG _____ Plow Size _____

Make _____ Model _____ Year _____ REG _____ Plow Size _____

Make _____ Model _____ Year _____ REG _____ Plow Size _____

Note: If you have more than 3 Plow Vehicles make a copy of this form to add them.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 6 City, state, and ZIP code
 7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-						
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CERTIFICATION

I certify that:

- I am the owner or the authorized agent of the company owning the vehicle.
- The above vehicle information is correct.
- The vehicle is validly registered and has a current inspection sticker (copy of registration attached).
- The vehicle will be kept in good operating condition subject to the approval of the Rehoboth Highway Department.
- The vehicle as required by law shall be operated by a qualified operator possessing a valid Driver's License.

I and/or my company agree to the conditions set forth in the Contractor Plowing Requirements dated: September 8, 2017.

- A valid Certificate of Insurance is attached meeting minimum amounts as listed on this page.
- Workers Compensation is provided for any/all employees – Statutory coverage in accordance with services performed for Town.
- Automobile Liability is provided in the minimum amounts of:

Bodily Injury \$100,000.00/\$300,000.00
Property Damage \$100,000.00

- I and/or my company agree to accept all responsibility for liabilities incurred by my vehicle and equipment during the time it is being utilized on behalf of the Town of Rehoboth. It is further agreed that the Town of Swansea, its Highway Department, the Director, his agents, and employees will be held harmless from any and all claims and actions whatsoever which may arise as a result of the operation of the vehicle and equipment.

I agree to abide by these written rules and requirements as well as any verbal directions
Provided by the Highway Superintendent and/or his representative.

Signature

Printed Name of Authorized Representative

Company Name

Street Address

City or Town with Zip Code

Date