



**HALIFAX HIGHWAY & CEMETERY**  
*R. Steven Hayward*  
*Highway Surveyor*

*60 Hemlock Lane*  
*Halifax, MA 02338*  
*Phone: 781-293-1760*  
*Facsimile: 781-293-1762*

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**Greetings;**

Even though it is October and the days are still nice and warm, it is time to start thinking about this winter and snow removal. We have enclosed an informational packet/applications for you to review.

Please take a few minutes to review the packet. Upon completion of the packet please drop it off at the Highway Barn as soon as possible. If you have any questions please give us a call at 781-293-1760 or email Karyn at [karyn.thompson@halifax-ma.org](mailto:karyn.thompson@halifax-ma.org) or myself at [steve.hayward@halifax-ma.org](mailto:steve.hayward@halifax-ma.org) .

**Thanks!**



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## **REGULATIONS FOR SNOW PLOWING**

### **1.0 NOTIFICATION**

Notification will be made by the Highway Department personnel. Upon notification all vehicles are to report immediately to the highway barn, located at 60 Hemlock Lane, to punch in. Each contractor/ individual has the obligation to notify the Highway Department of phone number/ contact information.

### **2.0 SIGN-IN**

Plowers must punch in on time cards at the highway barn. Plowing time will start at the time of the call. A maximum of a half hour will be allowed from the time of the call to the time of reporting to the Highway Barn. If the plower has not arrived within a half hour of the call, time will start when the plower punches in at the barn. All plowers must have a valid license in their possession when reporting to plow. Licenses could be spot checked by Highway Surveyor. Those without a valid license in their possession will not be allowed to plow.

### **3.0 ALCOHOL AND CONTROLLED SUBSTANCES**

The use of alcohol and/or controlled substances by the contractor/operators during the snow plowing operations is strictly forbidden. Any contractor/operator suspected of such use by the Town supervisor will be relieved of duty immediately and may result in termination of contract with the Town.

### **4.0 CONTRACTOR CONDUCT**

Courtesy and safety will be the rule of the road at all times. Abusive language to the public will not be tolerated. If there is a conflict or situation, please call the Highway Department or the Halifax Police Department.

### **5.0 SNOW PLOWING**



All vehicles will report with full tanks of gas. Equipment will arrive ready for operating and no compensation will be provided for time involved in the attachment or detachment of plowing equipment.

Each vehicle will be provided with a street listing of the designated route assigned. Each driver must acquaint him/herself with the route and check for new streets and/or deleted streets from the prior year's route.

All vehicles shall plow only the route assigned to them. If any plow route needs assistance, please notify the Highway Barn office.

Contract plowers while actively on the clock plowing for the Town, cannot be hired or requested to clear private driveways or walkways; in an emergency situation the Highway Surveyor has the authority to use their discretion regarding this matter.

The vehicle, after sign in, will go immediately to the assigned route and commence plowing in the following manner:

- 5.1 Open every street on the route with at least one pass in each direction.
- 5.2 At intersections, where possible, plowing should be to the right to minimize the snow remaining in the intersection.
- 5.3 All contractors/individual plowers will be expected to remain on their routes for the duration of the plowing segment.
- 5.4 Avoid piling snow at intersections.
- 5.5 In cul-de-sacs, do not block driveways, mailboxes or basins.

## 6.0 SIGN OUT

Plowers are to return to the Highway Barn after their route has been cleared. They may be asked to assist on another route or stand by until they are released by the Highway Surveyor or someone he authorizes to do so.

## 7.0 DOWN TIME REPAIRS

Each contractor/individual must make provisions for emergency repairs to the vehicle as necessary. If the vehicle is down for repairs, time will be deducted for the amount of time lost if it is for more than one hour.

If a vehicle must leave the route for repairs, the Highway Department shall be notified as soon as possible. Routes have been assigned two vehicles and each operator must check with other before leaving the route.

## 8.0 FUEL

Refueling of vehicles is the responsibility of the owner. Under extreme emergency conditions the Town will, if possible, provide a source of fuel. If it is Town fuel, cost will be deducted from the bill for the storm.

## 9.0 BALLAST

Ballast provided by the Town must be returned to the Town or the cost (based upon our estimate) will be deducted from the bill for the storm.

## 10.0 REGISTRATION AND INSURANCE

The vehicle owner is responsible for properly registering and insuring the vehicle. Safe lighting on all vehicles must conform to all state requirements. The Town of Halifax reserves the right to inspect all vehicles for equipment requirements and to insure all permitted accessories are as represented. Proof of workmen's compensation must be provided for any hired drivers.

## 11.0 PROPER OPERATION

Each contractor/individual is responsible to see that the vehicle is operated in accordance with all applicable laws, rules and regulations. Vehicle speed shall not exceed 20 miles per hour. All vehicles must have required equipment and while plowing must have yellow rotating warning light or strobe lights visible for 360 degrees; or an adequate warning light system built into the vehicle. Any driver involved in an accident which causes personal injury and/or damage to other vehicles and/or property shall immediately report the incident to the Highway Department and the police.

## 12.0 PROPERTY DAMAGE

Each contractor/individual is responsible for the prevention or loss or damage to the property of the town and all adjacent property. Any damage, injury, or loss resulting from the operation of the contractor/individual under the contract signed for snow plowing for the Town of Halifax shall be the responsibility of the contractor/individual. Report any damage to the Highway Barn office.

## 13.0 PAYMENTS

Each contractor/individual shall be paid at the contract rate for his/her vehicle(s). The contractor/individual shall be paid for the actual number of hours worked plus any time allowed in Section 2.0 of these regulations. The Town of Halifax will pay a 3 hour minimum on each call in. In addition, the Town of Halifax will pay a minimum 10 hour pay for the season (November 1, 2019 – April 30, 2020).

14.0 RATES – EFFECTIVE NOVEMBER 1, 2019

4 WHEEL DRIVE PICKUP TRUCK: 6,600-10,999 GVW

8 - FOOT MIN PLOW	\$73.00 PER HOUR
9 –FOOT MIN PLOW	\$75.00 PER HOUR

4 OR 6 WHEEL TRUCK: 11,000 – 15,999 GVW

9 – FOOT MIN PLOW	\$78.00 PER HOUR
10 – FOOT MIN PLOW	\$80.00 PER HOUR

6 WHEEL TRUCK 16,000 – 26,000 GVW

10 – FOOT PLOW	\$84.00 PER HOUR
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6 WHEEL TRUCK 26,001 – 40,000 GVW

10 – FOOT MIN PLOW	\$88.00 PER HOUR
11 - FOOT MIN PLOW	\$92.00 PER HOUR

10 WHEEL TRUCK

11 – 12 FOOT PLOW	\$110.00 PER HOUR
SKID STEER W/ 8' PLOW OR SNOW PUSHER	\$92.00 PER HOUR
4 WD BACKHOE W/ PLOW OR SNOW PUSHER	\$110.00 PER HOUR

\*SIGN-UP BONUS \$300.00 PER PIECE OF EQUIPMENT IF SIGNED UP BY NOVEMBER 1, 2019



TOWN OF HALIFAX  
HIGHWAY DEPARTMENT

**APPLICATION FOR SNOW PLOWING**

**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SS# OR FED ID#: \_\_\_\_\_  
TELEPHONE DAY: \_\_\_\_\_ TELEPHONE NIGHT: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

**VEHICLE**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
GVW FROM DOOR OF TRUCK: \_\_\_\_\_  
COLOR: \_\_\_\_\_ BLADE WIDTH: \_\_\_\_\_ BLADE HEIGHT: \_\_\_\_\_  
REGISTRATION #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

Attached to this application, please include the following;

- A copy of current vehicle registration
- A signed original contract
- A copy of driver's license for each driver
- A copy of the Certificate of Insurance listing "Town of Halifax" as a Certificate Holder
- A signed copy of Certificate of Non-Collusion
- A signed copy of Workmen's Compensation exemption or an Insurance Certificate for Workman's Compensation Insurance
- A completed and signed W-9
- A signed Tax Compliance Certification

I hereby submit the following price based on established rates:

RATE FOR VEHICLE IS \$ \_\_\_\_\_ PER HOUR

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OWNER OPERATED: YES** \_\_\_\_\_ **NO:** \_\_\_\_\_

TOWN OF HALIFAX – HIGHWAY DEPARTMENT  
SNOW PLOWING AGREEMENT FOR HIRED EQUIPMENT SERVICES FOR THE WINTER SEASON  
NOVEMBER 1, 2019 – APRIL 30, 2020

Contractor is herewith retained to supply equipment and personnel for snow removal services, and agrees to provide same upon the following terms and conditions:

- I. Contractor acknowledges that he/she is a self-employed Independent Contractor and is solely responsible for providing equipment and personnel for snow removal purposes. Maintenance, insurance and operation of equipment as well as payment, supervision and insurance or personnel shall be at the owner's sole expense and responsibility. Contractor must provide certificates or insurance showing proof of liability, personal injury, and property damage and workmen's compensation coverage (unless owner is the operator) to the Town of Halifax indicating that coverage includes "Contract snow plowing for the Town of Halifax".
- II. All hired equipment must be in good operating condition and must meet all rules, regulations, registration requirements and inspection requirements of the Commonwealth of Massachusetts. All vehicles must be equipped with approved 360 degree amber warning rotating or strobe lights.
- III. Contractor must provide a telephone number on a twenty-four hour basis and respond to calls for service promptly. Compensated time will commence at the time a contractor is called provided equipment arrives at the highway barn ready for operation within a half hour of the time of the call. If more than one half hour passes after the call, compensated times will commence only upon arrival of equipment.
- IV. Time card will be provided and operators must punch in on time clock located in the highway barn. Contractor must have a valid Massachusetts driver's license in his/her possession while driving for the Town of Halifax and have it available to show Highway Surveyor.
- V. Rules and regulations are attached and are incorporated in to this Agreement by reference. Said rules and regulations are to be observed by all contractors and their personnel.
- VI. A copy of the application for snow plowing is attached and is incorporated into this Agreement by reference. Compensation to the contractor will be according to the rate on this Application. Equipment for Contractors provides for plowing must be as stated in the Applications for snow plowing.
- VII. Town of Halifax, Highway Department reserves the right to terminate this Agreement at any time.
- VIII. The contractor agrees to accept the rate of \$ \_\_\_\_\_ per hour as agreed as full and fair compensation.

CONTRACTORS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SS# OR TAX ID#: \_\_\_\_\_

HIGHWAY SURVEYOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_



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**TAX COMPLIANCE CERTIFICATE**

Pursuant to M.G.L. c. 62C, §49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

\_\_\_\_\_  
Signature of person submitting bid

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date



**CERTIFICATE OF NON-COLLUSION**

**PURSUANT TO M.G.L. , CHAPTER 30, SECTION 39 M:**

The undersigned certifies under penalties or perjury that this bid is all respects bona fide, fair and made without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corruption, union, committee, club or other organization, entity, or group of individuals.

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**NAME & TITLE OF PERSON SIGNING GENERAL BID OR PROPOSAL**

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**NAME OF BUSINESS**

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**DATE**

**CERTIFICATE OF WORKMENS COMPENSATION INSURANCE EXEMPTION**

The undersigned certifies under the under penalties of perjury that h/she is a self-employed Independent Contractor and is not required by law to carry Workmen's Compensation Insurance.

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SIGNATURE OF INDEPENDENT CONTRACTOR

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DATE



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**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 of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check another LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**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.) See instructions.

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

Requester's name and address (optional)

## 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

				-							
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or

**Employer identification number**

				-							
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## 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 for Part II, later.

**Sign Here**      Signature of U.S. person ▶ \_\_\_\_\_

\_\_\_\_\_      Date ▶ \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.