



City of Spirit Lake
2024-25 Snow Berm List
Application

The City of Spirit Lake provides snow berm removal as a **courtesy** for those who are unable to remove it themselves due to illness, age, or disability. Those who cannot provide a doctor's note for each member of the household over the age of eighteen and a completed copy of this application do not meet the requirements. City snowplow drivers will remove snow berms only after the public roads of the City are plowed.

Name of Applicant: _____

Physical Address: _____

Mailing Address: _____

Contact Phone Number: _____

Names of other residents at this address: _____

Is **ANYONE** residing at this address able to attend to berm removal without causing unreasonable physical duress? _____

Number of vehicles normally parked in driveway of address: _____

Is the right-of-way adjacent to your residence free and clear of any vehicles or other personal items that might obstruct the plow truck? _____

Name and contact phone number of physician issuing note of inability to maintain berm:

Disclosure: By applying to be added to the City of Spirit Lake Snow Berm List, in no way is the City accepting responsibility for clearing snow/ice/slush from the driveway or sidewalk of the address listed above. This list is only provided as a **COURTESY SERVICE**, and there is **NO GUARANTEE** of berm being removed or disbursed by City employees by any said deadline. The City will not revisit addresses that have driveways blocked by vehicles or other personal items such as garbage cans, bikes, recreational vehicles or ANYTHING ELSE that impedes the snow plowing process. The City of Spirit Lake provides this service to those who provide proof of physical limitation by age, disability, or illness. An official note must be provided by a licensed physician with an explanation of limitations. Your driveway will be cleared after the completion of all other city roads. Please be patient and kind to our plow truck drivers this year. I understand I must submit a new application and note each year for this service.

I have read and
understand
disclosure

Initials: _____

Signature of Applicant: _____

Date: _____