Special Road District No. 8
PO Box 646
La Pine, OR 97739

DRIVEWAY SNOW BERM REMOVAL and DRIVEWAY PLOW

Request Form (Rev. 11.1.2026)

This form will be in effect until circumstances of applicant change (move from district, sale of home, death of applicant(s), etc.)

(This form supersedes all previous forms and verbal statements made by Board Members.)

Special Road District No. 8 ("District") has nearly 11 miles of road that must be cleared in the event of significant snow (usually 6+ inches). It is not possible within the resources of the District to provide a level of service that includes individual clearing of berms in driveways. Through the act of plowing and casting snow to the right side of the road, snow berms may be placed across driveway access points. Per the Bylaws of the Special Road District No. 8, the District or the snowplow operator contracted by the District is not responsible for removal of snow berms. The owner/occupant is responsible for removing the berm. However, if no person in the household is physically able to remove the berm/clear driveway *nor* financially able to contract for its removal, it *may* be removed by the District subject to a physician's recommendation and demonstration of insufficient income for snow removal by a third party.

This form must be fully completed, including a physician's signature, before it will be considered. **Applicants with an annual household income under $29,526 (one person) or $40,034 (two people) under the Oregon poverty guidelines** (185% of Federal Poverty Level for 2026) Oregon Federal Poverty Level (FPL) Calculator (povertylevelcalculator.com) are eligible for this service.

Applicant Information

Name: _____

Street Address: _____

Mailing Address: (if different) _____

City/Zip: _____

Phone Number: _____ Age: _____

All other Individuals Living at Residence (use additional pages if necessary)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

NOTE: The District may require a physician's recommendation for all household occupants in addition to the applicant.

Physician's Statement:

Signature below constitutes an opinion that the applicant is not capable of shoveling snow.

Physician's Signature: _____

Physician's Name (Print): _____

Phone Number: _____

Condition: _____

_____

_____

Income Test: (Please list all sources of income within the household. Use additional page if needed):

Source of Income	Source Phone Number/Email	Annual Amount

CERTIFICATION: I certify that all statements on this form are true and complete. I understand that any unanswered questions, lack of proof of income, or false statements on this form are sufficient cause for disqualification. I also understand that it is my responsibility to call and request or go on to the website to get an update form at the beginning of each snow season. I authorize Special Road District No. 8 to make any necessary investigations to verify information provided.

Applicant's Signature: _____ Date: _____

NOTE: ***After a snow event, road will be plowed when contracted plow becomes available. This may be 24 to 48 hours OR LONGER after snow event ends. Driveway snow removal occurs after roads are plowed***

www.RD8@SpecialDistrict.org Email: Special RD8@gmail.com