



Special Road District #8  
 PO Box 646  
 La Pine, OR 97739

**DRIVEWAY SNOW BERM REMOVAL and DRIVEWAY PLOW  
 Request Form**

***Approval Period: Winter 2024 - 2025. Must be renewed annually.***

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

Special Road District #8 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 Road 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 By-Laws of the Special Road District #8, the district or the snow plow 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 removal by a third party.

This form must be completely filled out, including physician’s signature, before it will be considered. Applicants with an annual household income under \$27,861 (single) or \$37,814 (two) or the Oregon poverty guidelines (185% of Federal Poverty Line) [Oregon Federal Poverty Level \(FPL\) Calculator \(povertylevelcalculator.com\)](https://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's phone number or contact info: \_\_\_\_\_ 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 #8 to make any necessary investigations to verify information provided.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: During a snow event, road will be plowed as contracted plower is available and driveway berms will be removed for approved applicants.*