



SNOW BLOCKED DRIVEWAY

Berm Removal Request Form

(Approval period: July 1, 2025 through June 30, 2026. Must be renewed annually.)

With 900 miles of road to service in which time is of the essence during a snow and ice event, it is not possible within the resources of the Road Department to provide a level of service which includes individual clearing of driveways onto the County system. 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 Deschutes County Road Department Snow and Ice Plan, the County is not responsible for removal of snow berms across driveways. The owner/occupant is responsible for removing the berm. However, if a person is physically unable to remove the berm, or contract for its removal, it may be removed by the County subject to a physician's recommendation and demonstration of insufficient income for removal by a contractor.

This form must be completely filled out, including physician's signature, before it will be considered. Applicants with an annual household income exceeding \$18,500 or the poverty guidelines (for more than a 2-person household) as established by the Department of Health and Human Services (<https://aspe.hhs.gov/poverty-guidelines>) are not eligible for this service.

Applicant Information:

| | | |
|------------------------------|--|---------|
| Name: | | |
| Street Address: | | |
| Mailing Add: If different | | |
| City/ZIP: | | Phone # |
| Age: | | |

Other Individuals Living at Residence

| | |
|-------|------|
| Name: | Age: |
| Name: | Age: |
| Name: | Age: |

Note: The Road Department 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: | |
| Comments: | |

Income Test: (Please list all sources of income within the household):

| Source of Income: | Source's phone number: | Annual Amount: |
|-------------------|------------------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |

(Proof must be provided, such as a copy of check stub, income tax return, etc.)

CERTIFICATION: I certify that all statements on this form are true. 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 an updated form at the beginning of each snow season. I authorize Deschutes County to make any necessary investigations to verify information provided.

Applicant's Signature: _____ Date: _____

NOTE: During a snow and ice event, roads will be plowed in accordance with the Deschutes County Snow and Ice Plan. The Snow and Ice Plan states that the arterials and collectors (main roads) will be plowed prior to local roads and subdivisions. Once all roads have been opened and crews are sent out to widen the roadways, driveway berms will be removed for approved applicants.

For Official Use Only:

APPROVAL: This SNOW BLOCKED DRIVEWAY, Berm Removal Request Form, is hereby approved.

Deschutes County Road Department Director

Date

If denied, reason for denial: