

City of Strafford
REQUEST TO CLEAR SNOW FROM PRIVATE DRIVE / ROAD

NAME OF PERSON FOR WHOM IS REQUESTED

THEIR ADDRESS

PHONE NUMBER

AGE

NATURE OF ILLNESS OR HEALTH CONDITION

PHYSICIAN'S STATEMENT CONCERNING HEALTH CONDITION AND NEED FOR IMMEDIATE TRANSPORTATION TO A MEDICAL FACILITY

SIGNATURE OF PHYSICIAN

DATE

NAME OF IMMEDIATE FAMILY MEMBERS

ADDRESS AND PHONE NUMBER

GENERAL HEALTH CONDITION OF IMMEDIATE FAMILY MEMBERS

STATEMENT CONCERNING AVAILABILITY OF FOUR-WHEEL DRIVE VEHICLE

REMARKS – OR OTHER PERTINENT INFORMATION

SIGNATURE OF REQUESTOR

For Office Use Only

REQUEST APPROVED UNTIL _____

REQUEST DENIED _____

REASON

DATE REQUESTOR ADVISED OF ACTION

SIGNATURE