



**2023 - 2024**

**I want to participate in the City's Private Driveway Snow Plowing Program:**

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**Printed Name**

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**Address**

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**Day Time Phone**

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**Signature**

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**Date**



**RE: 2023-2024 Driveway Snow Removal Program for RETURNING Participants**

**Dear Oakbrook Terrace Resident:**

Last year you participated in the City's Private Driveway Snow Plowing Program. On behalf of the Mayor and City Council, we welcome your continued participation in the program for this year. If you would like to participate this year, please read the following guidelines.

- Only residents who cannot shovel snow due to a temporary or permanent disability, regardless of age, are eligible.
  - o If a resident has a *permanent* disability that prevents him/her from shoveling snow for the foreseeable future, a yearly verification of disability is not required, however an application form does need to be completed on a yearly basis.
  - o If a resident has a *temporary* disability, the applying resident must provide *yearly* medical disability statements from a medical professional verifying that the disability prevents you from shoveling snow. A copy of an example statement is included in the packet.
- If more than one person resides in the house, a doctor's note will be required for each individual stating that they are disabled and cannot shovel snow; if they are not disabled, the disabled resident is not eligible for the program.
- A seasonal charge of \$50.00 is required prior to the start of the program and is non-refundable. This charge will cover any and all plowing for the winter season, no matter how many snowstorms occur.
- This program is for removal of snow on driveways only, not sidewalks.
- You must sign the waiver of liability and the participation sheet that are provided and return them along with the \$50.00 fee to the City.

**Participants should be aware that driveway clearing will only be performed after a snow fall of two inches (2") or more and that driveways will only be cleared after all streets and public facilities are cleared**



**City of Oakbrook Terrace**

**Driveway Snow Removal Program 2023-2024**

*Medical Disability Statement*

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

- I attest that this patient has a permanent disability that prevents him/her from shoveling snow.
- I attest that this patient has a temporary disability that prevents him/her from shoveling snow for this winter season. \*

PHYSICIAN SIGNATURE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_  
(Please Print)

*Physician, please staple a prescription sheet from your office to this form.*

***\* Please note that if the second box is checked, a new medical disability statement will have to be completed next year for the resident to be considered eligible for next years snow plowing program.***

