



Dear Applicant,

Thank you for your inquiry regarding the City of St. Peters 2022-2023 Driveway Access Snow Removal Program. This program offers snow removal for private driveway access within public right-of-ways (end of driveway) after completion of snow removal on public streets. This service applies to qualified residents, at least 62 years of age or with a certified medical need or disability.

In order to be considered for this service, an applicant must be an:

- Individual/owner who resides in a private, single family, residential property.
- Individual who resides within the corporate city limits of St. Peters on a public street.
- Individual that is 62 years old or older. **(Please provide copy of a photo ID)**

Or

- A person who is unable to perform snow removal activities as determined by a physician. **(Please submit the Physician Confirmation Form attached.)**

Please complete the following documents and return them by mail or in person to **City of St. Peters, Attn: Streets Department, P.O. Box 9, St. Peters, MO 63376**. City Hall hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.

1. Participant Information Form
2. Signed Release Form
3. Proof of Age (i.e. copy of driver's license or government-issued identification)
4. Physician Confirmation Form (if applicable)

Please allow a minimum of two weeks for application review and processing.

Qualifying residents must re-apply for the Driveway Access Snow Removal Program annually.

If you have any questions, please call the Streets Department Office at 636-477-6600, Ext. 1340, or the Citizen Action Center at 636-477-6600, Ext. 1225.

Applicant Information – Keep for reference.



CITY OF ST. PETERS 2022-2023 Driveway Access Snow Removal Program

It is the policy of City of St. Peters that the City will coordinate the removal of snow and ice from the portion of a qualifying, private, residential driveway, within public right-of-way. Said driveway access snow and ice removal operations will be performed after removal of snow and ice on public streets. This policy applies to qualified residents/owners, at least 62 years of age or with a certified medical need or disability.

Program Description and Guidelines

A. Qualifying Locations

All private, single family, residential properties, within the corporate limits of the City of St. Peters on a public street, in which the residents/owners of the property are at least 62 years of age or have been diagnosed with a medical condition that limits their ability to perform snow removal activities. Qualifying residents must re-apply for the Driveway Access Snow Removal Program annually.

B. Scope of Service

The City of St. Peters shall coordinate the removal of snow and ice accumulation from the portion of a qualifying, private, residential driveway within the established street right-of-way, when measured snow accumulation on the driveway is found to exceed six inches (6”) in depth and said accumulation prevents access to and from the driveway. The City of St. Peters will commence snow removal operations on qualifying, private, residential driveways upon completion of snow and ice removal operations on public streets. In the event of an emergency, residents may request driveway access snow removal service during the snow event or before completion of snow and ice removal operations.

C. Program Registration:

Applications for the program are available at St. Peters City Hall or on the City of St. Peters website (www.stpetersmo.net/snow-removal.aspx#DrivewayAccess). An application can be mailed to you by calling extension 1225 or 1340 at 636-477-6600. Please allow a minimum of two weeks to process your application. Qualifying residents must re-apply for the Driveway Access Snow Removal Program annually.

The applicant (at a minimum) shall provide the following information:

1. Property Address
2. Applying resident’s name and all appropriate contact information
3. Supporting documentation verifying the age of the resident applying
4. If applicable, supporting documentation verifying a medical condition or disability of the applying resident that limits their ability to perform snow removal activities.

D. City Liability for Property Damage:

The City of St. Peters is not responsible for any property damage resulting from residential driveway snow and ice removal operations. All property owners for this service shall be required to sign a waiver of responsibility Release Form, stating the City of St. Peters is not responsible for any damage during driveway access snow and ice removal operations.



CITY OF ST. PETERS

2022-2023 Driveway Access Snow Removal Program

Participant Information

Applicant Name: _____

Address: _____ Zip Code: _____

Home Phone #: _____ Subdivision: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Preferred Method of Contact: Email Postal Mail

Reason for participation: 62 Years Old or Older Medical Need (Physician Confirmation Form Required)

Office Use Only

Driveway Material: _____

Mailbox Position: _____

Note Issues: _____

Notes to Driver: _____

Ward: _____ TaxID: _____ Release: _____ Snow Route: _____

Picture Taken: _____ Date: _____

City of St. Peters
Street Department
P.O. Box 9
St. Peters, MO 63376



RELEASE

This release is made and entered into this _____ day of _____, _____,
Day Month Year

by and between _____, hereinafter referred
Owner(s) Name

to as "Owner" of the property located at _____, and
Address

the City of St. Peters (hereinafter referred to as the "City").

In consideration of the Owner's voluntary participation in the City of St. Peters Driveway Access Snow Removal Program, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees, and officers from all claims, damages or causes of action (including reasonable attorney fees) caused by or arising in any manner from the Owner's participation in the City of St. Peters Driveway Access Snow Removal Program.

I, the Owner, have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance the day and year first written above.

PROPERTY OWNER*

DATE

*The current, legal owner of the property, established by deed.

City of St. Peters
Street Department
P.O. Box 9
St. Peters, MO 63376

Physician Confirmation of Fitness for Snow Removal Activities



After reviewing _____ 's medical history, it is
(Applicant Name)

my professional opinion that _____ should not or
(Applicant Name)

is unable to perform snow removal actions at this residence.

Physician Signature

Please Print Physician's Name

Date

Physician's Contact Information:

Practice Name

Address

City, State & Zip

Phone #

City of St. Peters
Street Department
P.O. Box 9
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