



CITY OF ST. PETERS

2020-2021 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

Office Use Only:

Driveway Material: _____

Mailbox Position: _____

Note Issues: _____

Notes to Driver: _____

Picture Taken: _____ Date: _____

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