



APPLICATION – SNOW BERM REMOVAL

DATE: _____

NAME: _____

ADDRESS: _____

I am aged 65 years of older and/or physically disabled and agree to provide proof of this statement to the City of Trenton in order to qualify for this free service.

I agree to give the City of Trenton Maintenance Department permission to go on my property, at the above address, to remove any snow berms at the end of my driveway created by City snow removal equipment.

Signature: _____

Please return completed form to Trenton City Hall.

This application must be filed annually with the City of Trenton.