

Town of Silverton

Public Works

Snow Removal Notice

Business Name

Phone Number

Owner's Name

Email

Physical Address

Mailing Address

Date to be Shoveled

(Minimum 24 Hour Notice Required)

Time of Day Completed

Signature

Today's Date

OFFICE USE ONLY:

REQUEST RECEIVED VIA: Web Site Email Mail Phone In Person

Employee Receiving Notice _____

Public Works Employee _____