

<Company Name/Logo>

SNOW REMOVAL SITE INFORMATION

Site Name: _____

Address: _____

Trigger Depth:

Finished Condition:

Finish job by:

_____ a.m. _____ p.m.

Site facility/facilities operating hours:

Client Contact(s) Authorized to Request Services:

Name(s): _____

Phone(s): _____

Times to Plow:

Times Plowing is NOT allowed:

Estimated time needed to complete job:

Time Employees Arrive:

Equipment & Manpower Needs:

Material type(s) and amount(s) Required:

Lot Area(s) _____

Sidewalk area(s) _____

Historical Challenges:

IMPORTANT: If a printed site map is not available, please provide a CLEAR SKETCH of the site and INDICATE the positions of the items listed below. Be sure to CHECK OFF all the items below that you have included on your printed site map or site sketch. Digital photos are also recommended.

- Property lines
- Boundaries, curbs, parking bumpers
- Entrances
- Walks
- Dumpsters/Loading
- Handicap parking
- Emergency exits
- Post storm clean up
- On-site storage
- Landscape areas
- Clearance (tanks, hydrants, meters, manholes, etc.)
- Snow storage
 - To curb/to Pavement edge (how far back _____)
 - On grass (how Far back (_____)
 - Pile height, Restricted (how High _____)
 - Hauled off (to What location _____)

I have provided the above information required for <Company Name> to properly perform their work and I have been notified that video footage has been taken showing any pre-existing damage to the site(s).

Authorized Client Approval:

Date: