Snow Removal Route Information

(Service available for students, staff or faculty with disabilities only)

Return completed form to Facilities Services
Campus zip 2281 or e-mail to facilities@uidaho.edu

Name: _____ Phone: _____
(Please Print)

Address: _____

E-Mail Address: _____

Please provide your schedule for the current semester.
Please circle the current semester: Spring 2013 / Fall 2013 / Spring 2014 / Fall 2014

Day	**Time**	**Parking Lot Locations**	**Route Traveled** **(please include information which would be helpful to snow removal crews)**