

Seasonal Driveway Snow Clearing Agreement

Date: _____

Client Name: _____

Client Address: _____

Contact Number: _____

Agreement Terms

1. **Service Period:** This agreement is valid from _____ to _____.
2. **Service Description:** The service includes snow clearing from the driveway and accessible areas after each snowfall exceeding _____ inches.
3. **Payment:** The total fee for the season is _____, payable in _____ installments.
4. **Liability:** The service provider is not liable for any damage caused during snow clearing operations.
5. **Cancellation Policy:** Either party may terminate this agreement with a written notice of _____ days.

Signatures

Client Signature: _____ Date: _____

Service Provider Signature: _____ Date: _____

For any queries, please contact: _____