

# 2025-2026 SEASON - DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM

## REIMBURSEMENT REQUEST

**Use a separate form for each qualified event**  
**ONE SNOW STORM PER FORM**

Detailed instructions and contact information is on the back of this form.

Your reimbursement request must be received by **June 1, 2026** Claims received after this date **will not** be processed.

Name of Association: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Contractor Contact Person: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

I certify that, in conjunction with the snow removal services for which reimbursement is requested under HB 544, only licensed and insured contractors have been used. It is further understood that DelDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties.

★ **Sign:** \_\_\_\_\_ **Association Office held:** \_\_\_\_\_ ★

List charges for Subdivision roads here <b>(LIST ONE STORM ONLY PER FORM)</b>	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	*Salt/Sand \$\$\$ On plowing date ONLY	Total \$\$\$ For storm
	<b>TOTALS:</b>			

List charges for Feeder roads here  (Only if listed separately in annual packet)	Date of Service (List each date separately)	Plowing Service \$\$\$ per day	*Salt/Sand \$\$\$ On plowing date ONLY	Total \$\$\$ For storm
	<b>TOTALS:</b>			

### Optional Notarized Statement (for those wanting reimbursement without presenting cleared checks):

I attest to the accuracy of the information provided on this form and further attest that our association has paid or will pay the contractor the full amount billed and indicated on this form within 30 days.

\_\_\_\_\_  
Authorized representative of neighborhood association

\_\_\_\_\_  
Notary County Commission  
Expiration Date

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For Office Use Only:									
Ok to Process:	Yes	NO-->	Issue?	Why?				Contact made: (Circle, initial & date each)	
Audited by:			RR Form					Phone Email Voicemail	
Dist: _____	Zone: _____	Event #: _____	Invoice					Phone Email Voicemail	
Contact Confirmed?	Yes No		POP					Phone Email Voicemail	
Supplier ID Active/updated?	Yes No		Comment?						

# **HOW TO COMPLETE AND SUBMIT YOUR REIMBURSEMENT REQUEST FORM**

## **Pre-paid Fixed-Rate, Annual Contracted Submissions – One price for entire season, regardless of number of snowfalls**

If you have an annual contract and **paid** an agreed upon annual amount **up front**, using the contact information at the bottom of this form, submit the following prior to **December 1, 2025**

- A. The Reimbursement Request Form, with the top section completed as demonstrated in items 3 and 4 below.
- B. A copy of the fixed rate prepaid contract, signed by the contractor and association representative.
- C. A copy of the cleared check that paid the contract or bank statement. Computer print outs are acceptable. If you pay in installments you must submit the required documentation after each payments is made to the contractor.

DelDOT will automatically reimburse the maximum allowed for each qualified storm (over 4 inches), with no further documentation required by you. Remember you are capped at 75% of your **paid** contract cost. Once the cap is reached no further reimbursements will be paid.

## **All Others - Per Event- You pay as each event occurs**

1. **Complete ONE FORM PER STORM** having a SNOW accumulation total of 4 inches or more as soon after the storm as possible. Extra copies of this form and other important information may be found at [www.snow.deldot.gov](http://www.snow.deldot.gov).
  - a. **Enter** all contact information. (Tip: Make one “master copy” with contact information to utilize for the season.)
  - b. **Verify** that your contractor is licensed and insured. **SIGN** at the ★ in the space provided.
  - c. **Copy** the data from the contractor’s invoice. The invoice should have broken out the service and materials by event. Materials and services used on private property such as sidewalks and driveways **are not** reimbursable.
    - i. Record the date and dollar amount for each service.
    - ii. Total at the end of each line and bottom.
    - iii. For the school accumulation category for 2.0” – 3.99”, enter only the feeder road charges in the feeder road section. Non-feeder roads will not be reimbursed.
2. **Attach your contractor’s bill.**
  - a. The plow company name and contact information should be at the top.
  - b. The location for the work (the association name) should also be listed somewhere on the invoice.
  - c. Invoices must be broken down by date(s) of service, type of service or material, and dollar amount. *\*Material application is only eligible on the day of plowing and does not increase your reimbursement cap rate.*
  - d. Roads that have been pre-determined by DelDOT as feeder roads, if applicable for your association, are listed in your annual packet. These roads will be reimbursed at feeder rates and must be **invoiced separately** from the non-feeder roads. **No hand calculations will be accepted.**
3. **Attach proof of payment in the form of one of the following:**
  - a. A cancelled/cleared check copy (front and back) or screen print from bank. Mini check print outs are also acceptable. **Please black out all account information.**
  - b. A bank statement if the remit to is listed, otherwise a copy of the written check may also be required. **Please black out all account information.**
  - c. Optional notarized section on the reimbursement form.
    - i. This is a promise to pay if you have a small association and need the funds to pay the Contractor.
    - ii. Additional documentation may be requested if you are a large association or management company.
4. **Submit all documentation, Request Form, Invoice, and Proof of Payment**, as soon as possible after each qualified event. Any request received after **June 1, 2026** will **NOT** be processed. Documents may be mailed, e-mailed, or faxed. I may be reached via:

Mail: DelDOT M&O Bus. Mgmt.  
ATTN: Kelly Wilson  
PO BOX 778

Hours: 7:30 am to 3:30 pm  
Phone: (302) 760-2085  
Fax: (302) 739-7390

Dover, DE 19903

Email: [dot.srrp@delaware.gov](mailto:dot.srrp@delaware.gov)

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