

Date: [Insert Date]

Subject: IMPORTANT: Snow Removal Parking Restriction Advisory

Location: [Insert Street Name/Area/Complex Name]

Dear Resident/Property Owner,

This letter is to advise you that snow removal operations are scheduled to take place in your area to ensure the safety and accessibility of our roads and parking lots.

Restriction Period:

- **Starts:** [Insert Start Date and Time]
- **Ends:** [Insert End Date and Time]

Action Required:

All vehicles must be removed from [Insert Specific Locations, e.g., the street/the north parking lot/assigned spots] during the timeframe listed above. Please relocate your vehicle to [Insert Alternative Parking Location, if applicable].

Compliance:

Vehicles remaining in the restricted areas during the designated times may be subject to ticketing or towing at the owner's expense. This is necessary to allow snowplows to clear the area effectively and safely.

We appreciate your cooperation in helping us keep our community clear and safe during the winter season. If you have any questions, please contact [Insert Department/Contact Name] at [Insert Phone Number/Email].

Sincerely,

[Your Name/Organization Name]

[Contact Information]