THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.646.6570
TTY: 905.688.4TTY (4889)

Snow Removal Application 2017 - 2018

The following is an application form for snow removal service for qualified **Seniors and Persons with a Disability**. Please read this application information carefully.

If you feel that you qualify for this service, ask your family doctor to complete the *"Statement of Physician",* on the application form, then complete the remainder of the application.

To qualify for snow removal service, you must:

1 Have a disability, which (in the opinion of your physician) renders you incapable of carrying out snow removal on your own behalf, and;

2 Have no person living in the same dwelling unit who is physically capable of carrying out snow removal for you, and;

3 Reside in a single family, semi-detached, or duplex dwelling unit **LOCATED IN THE CITY'S URBAN AREA**, and be the owner of such residence and;

4 Agree to a waiver of claims against the City with respect to any property or other damage which might arise out of the service being provided.

The completed application form should be **signed and witnessed**, as indicated, and returned to:

City of St. Catharines
Transportation and Environmental Services
Lake Street Service Centre
383 Lake Street
St. Catharines ON L2N 4H5

PLEASE NOTE:

THIS SERVICE CONSISTS OF SNOW REMOVAL FROM CITY SIDEWALKS FRONTING AND ABUTTING HOUSES OCCUPIED BY QUALIFIED SENIORS AND PERSONS WITH A DISABILITY. THIS SERVICE DOES NOT INCLUDE WINDROWS, DRIVEWAYS OR ANY WALKWAYS TO YOUR HOME.

Should you require additional information,
please contact this office at 905-688-5601, extension 2160.

THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.682.3631
TTY: 905.688.4TTY (4889)

TRANSPORTATION AND ENVIRONMENTAL SERVICES

APPLICATION FOR SNOW REMOVAL SERVICE

PROPERTY OWNER

Name: _____

Address of Residence: _____

Postal Code: _____ Telephone Number: 905- _____

STATEMENT OF PHYSICIAN:

I,

_____,

Name of Physician (**Please Print**)

HEREBY CERTIFY THAT:

A disability renders the person(s), herein named as the applicant(s) / owner(s), incapable of carrying out snow removal at their place of residence.

Signature of Physician: _____

Office Address: _____

Postal Code: _____ Telephone Number: 905- _____

APPLICANT'S / OWNER(S) STATEMENT OF QUALIFICATION AND WAIVER OF CLAIMS

1. No person lives with me who is capable of carrying out snow removal on my behalf.
2. I live in a single family, semi-detached or duplex dwelling unit and am the property owner of said residence.

WAIVER OF CLAIMS

I hereby acknowledge that I am requesting the Corporation of the City of St Catharines to remove snow from City-owned sidewalks fronting and abutting my residence.

I hereby waive any and all rights of claim against the Corporation of the City of St. Catharines and / or against officials, employees, agents, organizations and/or private citizens employed on a volunteer basis by or with the said City of St. Catharines, for property or other damages, which may arise from my being provided with the snow removal service that I am requesting.

Signature of Owner	Witness	Date

Signature of Co-owner (If residence is jointly owned)	Witness	Date

RETURN APPLICATION TO:

City of St. Catharines
Transportation and Environmental Services
Lake Street Service Centre
383 Lake Street
St. Catharines ON L2N 4H5