

Sidewalk snow removal service application

The following is an application form for City sidewalk snow removal service for qualified **Seniors and Persons with a Disability**. **The annual application deadline is the last Friday in November**. 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 City sidewalk 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 other person living in the same dwelling unit who is physically capable of carrying out snow removal for you, and;
- 3 Reside in a residential 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 either by **mail** by the last Friday in November to:

City of St. Catharines
Citizen’s First – 2nd Floor
50 Church Street
St. Catharines ON L2R 7C2

Or deliver directly to Citizen’s First, 2nd Floor City Hall

Please note:

This service consists of snow removal from city sidewalks only fronting and abutting houses occupied by qualified applicants. This service does not include windrows, driveways or any walkways to your home. Service is dependent on volume of snow experienced. Service will begin in late December and conclude in March.

For any further information, please contact 905-688-5601 Ext 2160.

Municipal Works

Application for city sidewalk snow removal service

Property owner

Name: _____

Address of Residence: _____

Postal Code: _____ Telephone Number: _____

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 City sidewalk snow removal at their place of residence.

Signature of Physician: _____

Office Address: _____

Postal Code: _____ Telephone Number: _____

Owner(s) statement of qualification and waiver of claims

1. No person lives with me who is capable of carrying out City sidewalk 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.

Municipal Works

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

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