



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)

TRANSPORTATION AND ENVIRONMENTAL SERVICES  
Operations

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 property 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.

**2011 - 2012**

**ADDITIONAL HELP FOR SIDEWALK  
SNOW REMOVAL**

**For**

***Seniors and Persons with a Disability***

**Call**

**COMMUNITY SUPPORT SERVICES OF NIAGARA**

**905-682-3800**

This organization has a list of people who can shovel snow, rake leaves, do small jobs around the home etc. The homeowner can call 905-682-3800 to make arrangements to have the work done **for a fee.**

These services are **NOT FREE** and the fee is negotiated between the labourer and the homeowner. During periods of heavy snow, there is no guarantee that there will be enough people to assist a heavy demand of phone calls.



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PO Box 3012, 50 Church Street  
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TRANSPORTATION AND ENVIRONMENTAL SERVICES  
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**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