

Boulevard Grass Cutting Service Application

The following is an application for City grass-cutting services for the boulevard adjacent to your property. The service is available to qualified persons with a disability.

To qualify for the City boulevard grass-cutting service, you must:

1. Have a disability which, in the opinion of your physician, renders you incapable of cutting the grass on the City boulevard adjacent to your residence;
2. Have no other person living in the same dwelling who is reasonably capable of cutting the grass on the boulevard on your behalf;
3. Reside in a single-family, semi-detached, or duplex residential 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 damage or other loss which may arise from the provision of this service.

If you feel that you qualify for this service, have your physician complete the "Statement of Physician" section on the application form, and then complete the remainder of the application.

To ensure that the boulevard at your address is included in the annual work plan, the application form (Parts I, II, and III) must be fully completed and returned by Friday, April 24, 2026 to:

City of St. Catharines
Attn. Manager of Community Programs and Parks
50 Church Street
St. Catharines, ON L2R 7C2

Please note:

- The service consists of grass cutting on the boulevard fronting and abutting the primary residence of a qualified applicant. The service does not include cutting grass beyond the limits of the City right-of-way.
- Service frequency is at the sole discretion of the City. Service is weather-dependent and will generally commence in May and conclude in September.

Part I Statement of Qualification

Applicant: _____
Owner's Name (Please Print)

Address: _____

Phone: _____

I hereby declare that:

1. No person lives with me who is reasonably capable of cutting grass on the municipal boulevard adjacent to my residence.
2. I reside in a single-family, semi-detached, or duplex dwelling unit and am the property owner of said residence.
3. I agree to notify the City promptly if my circumstances change such that I no longer meet the eligibility requirements for this program.
4. I acknowledge that approval of this application and the provision of service are at the sole discretion of the City.

Part II Statement of Physician

I, _____
Name of Physician (Please Print)

Hereby certify that:

A disability renders the applicant(s)/owner(s) named herein incapable of cutting grass on the boulevard abutting their residence.

Signature of Physician: _____ Date: _____

Office Address: _____

Phone: _____

Part III

Waiver of Claims

I hereby acknowledge that I am requesting The Corporation of the City of St. Catharines to cut the grass on the municipal road boulevard fronting and abutting my residence. I acknowledge and accept all risks associated with the provision of this service, including the risk of property damage or other loss.

In consideration of the City providing this service, I hereby waive and release any and all claims against the City and its elected officials, officers, employees, agents, contractors, and volunteers, including any claims arising from negligence, for any loss, damage, or injury that may arise from or in connection with the provision of the grass-cutting service.

I further agree to indemnify and hold harmless the City and its elected officials, officers, employees, agents, contractors, and volunteers from and against any and all claims, demands, losses, costs, or damages arising from or related to the provision of this service, including any claims brought by third parties.

Signature of Owner

Witness

Date

**Signature of Co-Owner
(If relevant)**

Witness Date

Date

Return completed application to:

City of St. Catharines
Attn. Manager of Community Programs and Parks
50 Church Street
St Catharines, ON L2R 7C2

Personal information, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, for the purpose of managing the City Boulevard Grass Cutting Program. Inquiries about the MFIPPA or the collection, use, and disclosure of this personal information may be directed to the Office of the City Clerk at clerks@stcatharines.ca or 905.688.5601, ext. 1517.