

MUNICIPAL WORKS

The following is an application form for City sidewalk snow removal service for qualified **Seniors and Persons with a Disability**. **Application deadline for the 2019/2020 season is November 30th, 2019**. 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 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 November 30, 2019 to:

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

OR deliver directly to Citizens First,
2nd Floor City Hall

PLEASE NOTE:

THIS SERVICE CONSISTS OF SNOW REMOVAL FROM CITY SIDEWALKS ONLY 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.

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 Witness Date
(If residence is jointly owned)

RETURN APPLICATION ON OR BEFORE NOVEMBER 30, 2019 TO:

City of St. Catharines
City Hall
Citizens First – 2nd Floor
50 Church Street
St. Catharines ON L2R 7C2

OR deliver directly to Citizens First, 2nd
Floor City Hall