

Application for Snow Removal Service

The following is an application form for snow removal service for qualified Seniors and Persons with a Disability. Application deadline for the 2018/2019 season is Friday, Nov. 30. Please read this application information carefully.

Eligibility requirements

- 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.

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

The completed application form should be signed and witnessed, as indicated, and returned to City Hall by Friday, Nov. 30, 2018:

Mail

City of St. Catharines
PO Box 3012
St. Catharines, ON, L2R 7C2

In Person

City Hall - 50 Church St.
Citizen's First – Second Floor

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.

Contact Citizens First by phone at 905.688.5600 or email at citizensfirst@stcatharines.ca for more information.

Application for 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 snow removal at their place of residence.

Signature of
Physician: _____

Office Address: _____

Postal Code: _____ Telephone Number: _____

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Applicant's / Owners 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

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