



## DRIVEWAY WINDROW REMOVAL ASSISTANCE FORM

The intent of this program is to provide assistance with snow removal from driveway entrances, for **Seniors** and those who are **Physically Disabled**.

Normal snow plowing procedures do not include clearing of the driveway entrances. However, if time, staff and equipment are available, the Public Works department will assist. The District may not always be able to provide this service so we ask that residents in the program understand that the streets and roads have a higher priority.

### To qualify for this program the applicant must meet the following conditions:

1. is not physically capable of doing the shoveling; and
2. has no family member in the home or area to do the shoveling; and
3. cannot afford to hire someone to do the shoveling.

If you qualify for this program please complete the following:

### CONTACT INFORMATION

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

House Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### REASON FOR ASSISTANCE

- 60 years of age or older  
 Under the age of 60 and physically challenged

#### PROVIDED DOCUMENTATION

- Birth Certificate  
 Medical Certificate

### TERMS AND CONDITIONS

- I understand that the District of Chetwynd reserves the right as to when a snow window removal activity will be performed.
- I am aware that the above service does not include the clearing of the remainder of the snow from private approaches to residence or driveways or the windrow left
- I agree to remove any obstructions at the end of my driveway.
- I agree to notify the District if I move from the above address during the winter season or no longer qualify for this service.
- I understand that this application is valid for the current year only and subsequent years must be applied for separately.

**I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS SERVICE, AND I SOLEMELY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND ACKNOWLEDGE THAT THE DISTRICT OF CHETWYND MAY RECOVER ANY COSTS INCURRED SHOULD THERE BE ANY MISREPRESENTATION BY THE UNDERSIGNED AND THAT FAILURE TO COMPLY WITH THE ABOVE CONDITIONS MAY RESULT IN TERMINATION OF THE SERVICE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MONTH/DAY/YEAR)

**If you require any additional information, please contact us at:  
Phone: 250-401-4100, Monday to Friday between 8:30 a.m. – 4:30 p.m.**

**PLEASE PLACE THE MARKER IN YOUR WINDOW  
SO OUR OPERATORS CAN SEE IT FROM THE ROAD**