



DRIVEWAY SNOW WINDROW REMOVAL ASSISTANCE FORM

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

Normal municipal snow plowing procedures do not include clearing of driveway entrances. However, if time, staff and equipment are available, the Public Works department will assist by scraping the ridge of snow (referred to as a windrow) that accumulates along the edges of residential driveways as snow is plowed off the streets. The District may not always be able to provide this service so we ask that residents in the program understand that plowing snow off the streets and roads is a higher priority.

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

1. Is 65 years of age or older; or
2. Under 65 years of age but with a medical condition that prevents them from physically shoveling their driveway entrance; and
3. Has no other person living in the same residence available or capable of shoveling their driveway entrance.

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

- 65 years of age or older
- Under the age of 65 and physically challenged

PROVIDED DOCUMENTATION

- Birth Certificate
- Medical Certificate

TERMS AND CONDITIONS

- I understand that the District will schedule the removal of snow windrows once all other higher priority winter maintenance activities have been completed as per the District’s Snow removal policy.
- I am aware that this service does not include the clearing of the remainder of the snow from private approaches to residence or driveways or any remains of the windrow.
- I understand that if there are obstructions at the end of my driveway that prevents safe removal of the windrow, the District will not be able to provide the service.
- If it is observed by either Bylaw Enforcement or any employee of Public Works that you have misrepresented yourself to gain access to the service, the District will terminate your enrollment with the program.
- 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 SOLEMLY DECLARE THAT THE INFORMATION PROVIDED IS TRUE. FAILURE TO COMPLY WITH THE ABOVE CONDITIONS MAY RESULT IN TERMINATION OF THE SERVICE.

SIGNATURE OF APPLICANT

DATE (MONTH/DAY/YEAR)

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the District’s Freedom of Information Co-ordinator at (250) 401-4100.

**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