

## Sidewalk snow removal service application

The following is an application form for City sidewalk snow removal service for qualified **Seniors and Persons with a Disability**. **Application deadline for the 2020/2021 season is November 30th, 2020**. 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 other 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, 2020 to:

City of St. Catharines  
Citizen’s First – 2<sup>nd</sup> Floor  
50 Church Street  
St. Catharines ON L2R 7C2

**Or** deliver directly to Citizen’s First, 2<sup>nd</sup> Floor City Hall

**Please note:**

**This service consists of snow removal from city sidewalks only fronting and abutting houses occupied by qualified applicants. This service does not include windrows, driveways or any walkways to your home. This service is provided from mid-December to the end of March.**

**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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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  
(If residence is jointly owned)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Return application on or before November 30, 2020 to:**

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City Hall  
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50 Church Street  
St. Catharines ON L2R 7C2

**OR** deliver directly to Citizen's First, 2<sup>nd</sup>  
Floor City Hall