

DRIVEWAY WINDROW REMOVAL ASSISTANCE FORM

(one car width only)

PLEASE SELECT ONE OF THE FOLLOWING:

- I am a new applicant** Please complete **ALL** sections on this form.
- I am applying for a renewal** Please complete **GREY** sections on this form.

(If your information has changed, Section 2 must also be completed.)

- If you previously provided your identification (65+) or doctor's note citing permanent disability, we have it on file.
- For each individual under the age of 65 residing at the household, a current and valid doctor's certificate confirming he/she is unable to perform snow clearing due to a physical disability/ limitation is required (please do not disclose a diagnosis or specific health condition).

SECTION 1: CONTACT INFORMATION *(please print)*

First Name: _____	Last Name: _____
Address: _____	
Phone #: _____	Customer ID #: _____
(office use only)	

SECTION 2: PLEASE COMPLETE FOR ALL PERSONS RESIDING AT THIS ADDRESS

FIRST NAME: _____	LAST NAME: _____
REASON: <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Under the age of 65 and physically challenged <input type="checkbox"/> Current and Valid Doctor's Certificate	COPY OF DOCUMENTATION ENCLOSED: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Senior Citizen Card <input type="checkbox"/> Driver's License
FIRST NAME: _____	LAST NAME: _____
REASON: <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Under the age of 65 and physically challenged <input type="checkbox"/> Current and Valid Doctor's Certificate	COPY OF DOCUMENTATION ENCLOSED: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Senior Citizen Card <input type="checkbox"/> Driver's License

Over...

TERMS AND CONDITIONS

- I confirm there is no able-bodied person(s) living in the home under the age of 65.
- I understand that the Town reserves the right to determine when the driveway windrow snow cleaning and the plowing and/or sanding of the Town sidewalk may be performed. **Due to varying conditions, the work may take place up to 12 hours after the road snow clearing ends.**
- I understand that it will be the center portion (**one car width**) of my windrow that will be cleared at the end of my driveway.
- 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 by the sidewalk plow.
- I agree to remove any obstructions and/or encroachments located on Municipal (Town) property which may interfere with the cleaning of the driveway windrow snow and the plowing/sanding of the Municipal (Town) sidewalk.
- I will not hold the Town responsible for any damage.
- I will keep the house number visible and illuminated.
- I agree to notify the Town 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 solemnly declare that the information provided is true and acknowledge that the Town of Whitchurch-Stouffville 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

This information is collected under authority of the Municipal Act S., 2001, c.25 in order to validate an applicant's request to obtain windrow snow removal. The information is collected voluntarily by the applicant and is protected under the Municipal Freedom of Information and Protection of Privacy Act.

Any questions regarding the collection of information should be directed to the Freedom of Information and Privacy Coordinator at 905-640-1900 or 1-855-642-8697, ext. 2222.L

Mail Your Completed Form To:

Town of Whitchurch-Stouffville
Attn: Customer Service
111 Sandiford Drive
Stouffville, ON
L4A 0Z8

Fax: 905-640-7957

Email: customer.service@townofws.ca

If you require additional information, please contact us at:

905-640-1900, ext. 0

1-855-642-TOWN (8696), ext. 0

customer.service@townofws.ca

Monday to Friday, 8:30 am – 4:30 pm

www.townofws.ca

Please allow 5 business days from date of receipt for processing.