

**PLEASE SELECT ONE OF THE FOLLOWING:**

- I am a new applicant-** ALL sections of this form MUST be completed
- I am applying for a renewal-** Grey sections MUST be completed, if your information has changed, section 2 is required.
  - 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 is required confirming he/she is unable to perform snow clearing due to a physical disability/limitation (please do not disclose a diagnosis or specific health condition)

**SECTION 1: CONTACT INFORMATION**

FIRST NAME: _____	LAST NAME: _____
ADDRESS: _____	PHONE: _____

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

FIRST NAME: _____ REASON: <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Person under the age of 65 with a physical disability	LAST NAME: _____ 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 <input type="checkbox"/> Current and Valid Doctor's Certificate
FIRST NAME: _____ REASON: <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Person under the age of 65 with a physical disability	LAST NAME: _____ 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 <input type="checkbox"/> Current and Valid Doctor's Certificate
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**TERMS AND CONDITIONS**

- I confirm there is no person(s) living in the home under the age of 65 who is physically able to perform snow clearing.
- I understand that the Town reserves the right as to when a snow windrow 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 by the sidewalk plow.
- I am also aware that due to varying storm conditions, it may take up to 12 hours after my road has been plowed for the windrow to be removed.
- I agree to remove any obstructions at the end of my driveway.
- 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 understand that it will be the centre portion (one car width) of my windrow that will be cleared at the end of my driveway

**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.**

_____ <b>SIGNATURE OF APPLICANT</b>	_____ <b>DATE</b>
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THIS INFORMATION IS COLLECTED UNDER AUTHORITY OF THE MUNICIPAL ACT S.R.O. 1990 CHAP.M.45 S.210PAR.60-63 IN ORDER TO VALIDATE AN APPLICANTS 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.

**MAIL YOUR COMPLETED FORM TO:**  
**Town Whitchurch-Stouffville**  
**37 Sandiford Dr, 4<sup>th</sup> Floor**  
**Stouffville, Ontario**  
**L4A 7X5**  
**Attn: Public Works – Snow**

**If you require any additional information,  
 or assistance completing this form,  
 please contact us at: Tel: (905) 640-1910 ext 306,  
 Monday to Friday between 8:30 a.m.- 4:30 p.m Email:**  
[www.townofws.com](http://www.townofws.com)