



DRIVEWAY WINDROW REMOVAL ASSISTANCE FORM (one car width only)

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.

SECTION 1: CONTACT INFORMATION

FIRST NAME: LAST NAME:
ADDRESS:
TELEPHONE NUMBER:

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

Form with four rows for resident information, including fields for First Name, Last Name, Reason, and Copy of Documentation Enclosed (Birth Certificate, Passport, Senior Citizen Card, Driver's License, Current and Valid Doctor's Certificate).

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 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.

SIGNATURE OF APPLICANT DATE

THIS INFORMATION IS COLLECTED UNDER AUTHORITY OF THE MUNICIPAL ACT S.,2001, c.25 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. ANY QUESTIONS REGARDING THE COLLECTION OF THIS INFORMATION SHOULD BE DIRECTED TO THE FREEDOM OF INFORMATION AND PRIVACY COORDINATOR AT 905-640-1910 OR 1-855-642-8697 EXT 2222.

MAIL YOUR COMPLETED FORM TO:
Town of Whitchurch-Stouffville
111 Sandiford Drive, Stouffville, ON L4A 0Z8
Attn: Public Works

If you require any additional information please contact us at:
Tel: 905-640-1900 or 1-855-642-8696
Monday to Friday between 8:00 a.m. - 5:00 p.m.