Stouffville

111 Sandiford Drive
Stouffville, Ontario
L4A 0Z8

t: 905-640-1900
tf: 855-642-TOWN
townofws.ca

DRIVEWAY WINDROW REMOVAL ASSISTANCE FORM

PLEASE SELECT <u>ONE</u> 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 disability, we have it on file.
- For each individual under the age of 65 residing at the household, a current and valid doctor's note confirming they are unable to perform snow clearing due to a disability or 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)

Email: _____

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

FIRST NAME:_____ LAST NAME:_____

REASON:
□ 65 years of age or older
□ Under the age of 65 and physically challenged
□ Current and Valid Doctor's Certificate

COPY OF DOCUMENTATION ENCLOSED:
□ Birth Certificate □ Passport
□ Senior Citizen Card □ Driver's License

FIRST NAME:_____ LAST NAME:_____

REASON:
□ 65 years of age or older
□ Under the age of 65 and physically challenged
□ Current and Valid Doctor's Certificate

COPY OF DOCUMENTATION ENCLOSED:
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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 may be performed. Due to varying conditions, the work may take place up to **12 hours** after the road snow clearing ends.
- 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**

Personal Information is collected under authority of the Municipal Act S., 2001, c.25, as amended. The purpose of collection is to administer the Driveway Windrow Assistance Program. The information provided is protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about this collection may be directed to the Corporate Information and Privacy Officer at 905-640-1900 or 1-855-642-8696 ext. 2445.

Mail or Drop off your Completed Form To:	**If you require additional information, please contact us at:**
Town of Whitchurch-Stouffville Attn: Customer Service 111 Sandiford Drive Stouffville, ON L4A 0Z8 **Fax:** 905-640-7957 **Email:** customer.service@townofws.ca	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.