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 (60+) or doctor's note citing permanent disability we have it on file
- For each individual under the age of 60 residing at the household a current and valid doctor's certificate is required

SECTION 1: CONTACT INFORMATION

FIRST NAME:_____ LAST NAME:_____

ADDRESS:_____

TELEPHONE NUMBER:_____

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

FIRST NAME:_____ LAST NAME:_____

REASON:
□ 60 years of age or older
□ Under the age of 60 and physically challenged

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

FIRST NAME:_____ LAST NAME:_____

REASON:
□ 60 years of age or older
□ Under the age of 60 and physically challenged

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TERMS AND CONDITIONS

- 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 8 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 MARKHAM 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.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 of Markham
101 Town Centre Blvd.
Markham, Ontario
L3R 9W3
Attn: Contact Centre – Snow

If you require any additional information, please contact us at:

Tel: (905) 475-4866, Monday to Friday between 8:30 a.m.- 4:30 p.m
Email: customerservice@markham.ca

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING FROM DATE OF RECEIPT