



## Snow Windrow Removal

Dear Resident

City Council has approved a Snow Windrow Removal Program for Seniors or those Physically challenged effective January 2009. This program will be offered at no charge to those that qualify. The Public Works Department will be responsible for administering and co-ordinating the Snow Windrow Removal Program. Those qualified individuals interested in receiving this service will be required to register at the Public Works Department, 10 Earl Ave between Monday to Friday 8:00 am to 4:00 pm. If your disability or circumstance does not allow you to register for the Snow Windrow Removal Program please call the Public Works Dept. and arrangements will be made to register you.

**DEFINITION:** Snow Windrow is the portion of snow at the end of the driveway created after the road plow has plowed the municipal road.

**QUALIFICATIONS:** All individuals of the residence must be 65 years of age and older, or physically challenged in order to qualify for this program. You must provide proof of age and residence (birth certificate, senior citizen card, drivers licence, passport) etc. If physically challenged, you will be required to provide a current and valid doctor's certificate confirming your physical challenge.

**IMPORTANT INFORMATION:**

- The City reserves the right to decide when Snow Windrow service will take place.
- Contractors will be dispatched to clear Windrows (one car width only) of snow after roads have been cleared.
- Windrows will be cleared within 20 hours following the plowing of the road.
- Any obstruction at the end of your driveway must be removed.
- The City is not responsible for any damage.
- Please keep your house number visible and illuminated.
- Please notify the City if you move from the address on file or if at any time a person(s) move into the home on a permanent and/or temporary basis.
- Failure to comply with the conditions to qualify for this service and/or misrepresentation of any information may result in termination of the service.
- Must reside at residence throughout the winter months.
- You must re-confirm your eligibility by Oct. 1 of each year

If you have any questions or require any additional information with respect to this service, please contact the Public Works Dept. at **519-752-4832**.

Paul Madden  
Public Works Director

**NOTE: Please keep this copy as reference.**

**CITY OF BRANTFORD  
PUBLIC WORKS DEPARTMENT  
SNOW REMOVAL APPLICATION**

**DECLARATION**

I hereby request the Public Works department of The City of Brantford, to remove the snow windrow from my driveway entrance at the following address:

APPLICANT NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
(PRINT FIRST AND LAST NAMES)

ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

- I understand that the City 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.
- I am also aware that due to varying storm conditions, **it may take up to 20 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 City responsible for any damage.
- **I will keep the house number visible and illuminated.**
- I agree to notify the City if I move from the above address through the winter season or no longer qualify for this service.

I, \_\_\_\_\_ SOLEMNLY DECLARE THAT:  
PRINT NAME IN FULL

Please check all the appropriate box(es):

- I am 65 years or older. I am providing proof for **all** individuals 65 years or older residing in the household for validation of age with one of the following:
- a) Birth Certificate
  - b) Senior Citizen Card
  - c) Drivers Licence
  - d) Passport
- I am under the age of 65 but physically challenged.
- a) A current and valid doctor's certificate is required
- I declare that there are persons under the age of 65 residing at this address **not** physically able to perform this work.
- a) A current and valid doctor's certificate is required.

AND I MAKE THIS DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE, AND I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE CONDITIONS MAY RESULT IN TERMINATION OF THIS SERVICE.

\_\_\_\_\_  
SIGNATURE OF APPLICATE

\_\_\_\_\_  
DATE

**NOTE:** ALL SECTIONS ON THIS FORM MUST BE COMPLETELY FILLED OUT

**ALSO:** THIS APPLICATION IS FOR THE CURRENT YEAR ONLY. SUBSEQUENT YEARS MUST BE APPLIED FOR SEPARATELY. FAILURE TO DO SO WILL RESULT IN NOT RECEIVING THE SERVICE.

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.