



SNOW WINDROW REMOVAL RENEWAL APPLICATION

I hereby request the City of Brantford to remove the snow windrow from my driveway entrance at the follow address:

APPLICANT NAME: _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____

- I understand that the City reserves the right to determine when snow windrow removal activity will occur.
- I understand that the height of the resultant windrow, created by City plowing forces, must be greater than 10cm, (4 inches), before the City will remove the windrow under this program.
- I am aware that the above service does not include the clearing of the remainder of the snow from private approaches to my residence and/or driveways or sidewalks
- I am aware that the City will only remove windrow from one driveway, and that homes with multiple driveways must designate which driveway is to be cleared at time of registration, and that the driveway specified cannot be changed through the winter season
- I am aware that the standard length of driveway to be cleared is one car width only
- I am aware that due to varying storm conditions, it may take up to **24 hours** after the route has been plowed for the windrow to be removed
- I agree to remove any obstruction at the end of my driveway that may affect the delivery of this service
- I will not hold the City of Brantford responsible for any damage to my property, howsoever caused
- I will keep the house number visible at all times and illuminated at night
- I agree to notify the City of Brantford if I move from the registered address through the winter season or no longer qualify for the service
- I agree that the information provided is true and correct to the best of my knowledge

I, _____ SOLEMNLY DECLARE THAT:
PRINT NAME IN FULL

Please check all boxes that apply:

- I am 65 years of age or older.
- I am under the age of 65 with disabilities or medical conditions.
- I declare that there are persons under the age of 65 residing at this address that are not physically able to perform this work.
 - a) A current and valid doctor's certificate is required for each individual to which this applies.
- I have a temporary injury and all individuals residing at this address are 65 years of age or older and I understand that I will be removed from the program at the end of the season. Validation is provided by current and valid doctor's certificate:
 - a) Doctor's note included

SIGNATURE OF APPLICANT

DATE

If you have any questions regarding the Windrow program please call the Customer Contact Centre at 519-759-4150

THIS INFORMATION IS COLLECTED UNDER AUTHORITY OF THE MUNICIPAL ACT S.R.O. 1990 CHAP.M.45 S.210 PAR.60.63 IN ORDER TO VALIDATE AN APPLICANTS REQUEST TO OBTAIN WINDROW SNOW REMOVAL SERVICES THE INFORMATION IS PROVIDED VOLUNTARILY BY THE APPLICANT AND IS PROTECTED UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.