



Seniors and Persons with Disabilities Snow Clearing Program Application

The City of Pickering offers senior citizens and people with a permanent physical or cognitive disability a snow clearing service in order to assist them with their sidewalk snow clearing responsibilities, and access to their home. **The program is limited to 500 qualified applicants. Priority will be given to applicants who have proof of permanent disability (certified by a doctor, as having a permanent physical or cognitive limitation which prohibits them from clearing snow).** Qualified applications will be selected using an electronic lottery system, if necessary, and applicants will be notified accordingly. Payment is required and must be submitted with this application (fee structure is outlined in the information sheet attached). Cheques should be made payable to the City of Pickering and post-dated for October 16, 2020.

* Required fields

[Print form](#)

Applicant Information

First Name *

Last Name *

Street Address *

Unit

Type & Number

City *

Province * Postal Code *

A1A 1A1

Email Address *

Primary Phone *

999.999.9999

Ext.

Alternate Phone

999.999.9999

Ext.

Are you the owner/resident at this address? *

Yes No

Proof of residency is not required if you received the service last year. *

I received the service last year I did not receive the service last year

Proof of residency is included (i.e., driver's licence, mail, tax bill)

Are you a senior citizen (65 years or older) or a person with a medically certified permanent physical disability? *

Senior Citizen Permanent Disability

My medical certification is on file

Are there able bodied persons under the age of 65 residing at this address? *

Yes No

Do you have a sidewalk fronting your property? *

Yes No

Is your property a corner lot with a sidewalk adjacent to it? *

Yes No

I am a recipient under the GAINS Program (Guaranteed Annual Income System) *

Yes No

A copy of proof is included (i.e., Government of Canada letter, T5007 document, cheque stub)

I am a relative of the applicant residing at the same address, and under the age of 65 with a permanent disability. *

Yes No

If you answered Yes to the previous question, please provide medical certification indicating that you have a permanent physical or cognitive limitation which prohibits you from clearing snow.

Medical Certification Included

Name

Signature

Program Criteria

By signing this application, I understand and agree to the following program criteria. The City reserves the right as to when the snow clearing will be performed. The timing is not guaranteed, however, the City will endeavour to clear the area within 24 hours after the the snow has stopped, 5 cm or 2" of snow has accumulated, or the City's plows have completed their routes.

This service does **not** include the clearing of the entire driveway.

The service does include:

1. The program operates from November 1, 2020 to April 30, 2021.
2. Clearing the lower portion of the driveway (up to 12ft wide x 12ft deep) - this area must be unobstructed.
3. Clearing a walkway to the house (approximately 3 feet).
4. Clearing the sidewalk fronting, and adjacent to the property.
5. Salting of the cleared portion of the driveway on private property, unless requested otherwise by the applicant.

I request that the service include the salting of the cleared portion of my driveway on my property.*

Yes No

I agree to notify the City if I move from this address through the winter season, or if I am away for an extended period of time (i.e., more than 2 weeks).

I acknowledge that the program fee is non-refundable following acceptance in the 2020/2021 program.

Pursuant to By-law #322/75. In consideration of the provision at the expense of the City of Pickering snow and ice clearing and removal services as set out therein, I/we intending to be legally bound do hereby release and indemnify the City of Pickering, its agents, servants, employees and representatives, and any person or persons supplying or purporting to supply such services (**herein after referred to as the "Indemnified Parties"**) from any claim or demand occasioned by or resulting from malfeasance, nonfeasance or other negligent action or omission of any or all of the indemnified parties in the provision of the services. Be it further advised that I/we will accept full responsibility for the application/non-application of ice/salt on said private property, as noted above.

Applicant's Name

Date

Signature



Witness Name

Date

Signature



Office Use Only

- Application and relevant documentation completed.
- Medically certified permanent physical or cognitive disability.
- Approved for submission to electronic lottery system.
- Pending review/receipt of additional documentation.
- A copy of proof for GAINS received.

Approved By

Date

Application #

Follow Up Date

Payment Method

Post-dated cheque Other

For more information about this request, please contact the Customer Care Centre at 905.683.7575.

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to administer the Seniors and Persons with Disabilities Snow Clearing Program. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7.

Alternate formats available upon request at 905.683.7575.

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