LABRADORCITY

SNOW CLEARING ASSISTANCE PROGRAM FOR SENIORS & PERSONS WITH DISABILITIES FACT SHEET

- Person of the age of 65 or older or person with a disability may apply for the program
- Must be a property owner or tenant of a single dwelling in Labrador City
- Must be no other able-bodied persons under the age of 65 residing in your place of residence
- Documentation required is included on the application form
- Eligible participants in the program will be selected on a first come first serve basis (maximum participation has been set at 60 driveways)
- Program is for the removal of windrow (wing roll) **ONLY**; it does **NOT** include entire driveway, steps, walkways, ramps, access to home or accessory buildings
- Removal will start after the snow has stopped; and only after 5 cm of snow has accumulated
- Snow will not be trucked away (will be deposited on the property)
- Clearing should be completed within 24 hours; however, timing is not guaranteed
- Urgent requests should be made to the Town Hall during office hours (944-2621) or Fire Hall after hours (944-7832)
- Application fee is $80.00 + HST (non-refundable)
- Covers period of October 15th to April 15th each year

The Town of Labrador City is not responsible for any damage to driveways, curbs or any other property due to clearing of the windrow.

P.O. Box 280, 317 Hudson Dr.
Labrador City, NL
A2V 2K5

Tel: (709) 944-2621
Fax: (709) 944-6353

WWW.LABRADORWEST.COM

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NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

SENIOR APPLICANT

- ☐ I hereby certifiy that I am 65 years of age or older
- ☐ Copy of Birth Certificate or Driver's Licence attached

OR

PERSON WITH A DISABILITY APPLICANT

- ☐ I hereby certifiy that I have a disability that requires assistance for snow clearing
- ☐ Copy of Medical Certificate attached OR Copy of Mobility Impaired Parking Permit

RESIDENCY CONFIRMATION

- ☐ I hereby certify that I am the owner of the property address listed above
- ☐ Copy of Residential Property Tax Account attached (can be produced at time of application)

OR

- ☐ I hereby certify that I am the tenant of the property address listed above
- ☐ Copy of Lease Agreement attached

ASSISTANCE REQUIREMENT CONFIRMATION

- ☐ I hereby certify that neither my spouse, dependant or any other persons residing in my place of residence are able-bodied and under the age of 65

APPLICATION FEE

- ☐ I hereby certify that I have paid my application fee of $80.00 + HST (non-refundable)
- ☐ Copy of Receipt attached

Office Use Only: File #: _____

Confirmation of Supporting Documents Town Clerk: _____ Date: _____

Program Approval Director of Engineering & PW: _____ Date: _____

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DECLARATION OF ASSISTANCE REQUIREMENT

I hereby certify that neither my spouse, nor dependant, nor any other persons residing in my place of residence are able-bodied and under the age of 65.
(must be signed in presence of Commissioner of Oaths)

Name of Applicant: _____

Signature of Applicant: _____

I hereby certify that the above noted applicant has been known by the undersigned to have no able-bodied person under the age of 65 residing at their place of residence.
(must be signed in presence of Commissioner of Oaths)

Name of Witness: _____

Signature of Witness: _____

Name of Witness: _____

Signature of Witness: _____

This information has been sworn before me in the Town of Labrador City in the province of Newfoundland & Labrador on this _____ day of _____, 20___.

Commissioner of Oaths _____