



# WINDROW CLEARING ASSISTANCE APPLICATION 2015-2016 WINTER SEASON

## PART A TO BE COMPLETED BY APPLICANT (please print)

APPLICANT'S FIRST NAME	APPLICANT'S LAST NAME	DATE OF BIRTH (YEAR/MONTH/DAY)
------------------------	-----------------------	--------------------------------

PROPERTY ADDRESS	TELEPHONE NO.	MAILING ADDRESS (PO BOX AND POSTAL CODE)
------------------	---------------	--

### ELIGIBILITY

- ☐ SENIOR (Age 65 or over) ☐ UNDER 65 WITH A PHYSICAL DISABILITY (See Part C)
- ☐ Permanent Disability ☐ Temporary Disability

DID YOU APPLY FOR WINDROW CLEARING ASSISTANCE LAST WINTER? ☐ YES ☐ NO

**RESIDENTS LEAVING THE COMMUNITY FOR THE WINTER ARE NOT ELIGIBLE FOR THIS SERVICE**

## PART B CONDITIONS FOR SERVICE

### PERSONAL INFORMATION

The City of Fernie needs to collect personal information (including name, home address, telephone number, date of birth and, as necessary medical information) in order to determine eligibility for Windrow Clearing Assistance. All information collected is for the strict use of the City of Fernie only.

### SERVICE IS FOR THE CURRENT WINTER SEASON ONLY

Due to property changes, resident moves, etc., service will be provided for the current winter season only and not extended to the following year. All applicants will need to renew their application each year. For residents with a permanent disability, a **physician's endorsement will not be required with** their renewal applications once an application has been approved. **Resident's with a temporary disability will receive windrow clearing service only** during the period of their disability as stated by their physician in *Part C* of the application. If the temporary disability **continues past this date, resident's must resubmit their application and have their physician complete *Part C*** providing the new date the temporary disability is likely to cease.

### CITY OF FERNIE SNOW REMOVAL POLICY

**The City of Fernie's Snow Removal Policy states the Operations Department objectives and priorities as follows** regarding snow removal service:

1. Maintain emergency access to all areas of the community during the winter;
2. Establish priorities for plowing, sanding, and removal of snow from City roads, alleys, lanes, sidewalks and other right-of-ways; and
3. Ensure that limited resources are utilized for the benefit of the entire community.

### LEVEL OF SERVICE

1. Windrow clearing is defined as ***"Pushing the row of snow at the entrance to the driveway onto the boulevard area/homeowner's property"***. Clearing the windrow does not mean physically removing the snow from the **resident's property**.
2. Windrow clearing will be carried out only when graders and loaders are dispatched for snow clearing operations. Windrow clearing will not be carried out when only plow trucks are dispatched for street clearing of light snowfalls. Residents who are eligible for windrow clearing can expect windrows will be moved or substantially reduced at some point during the day or evening as in some cases a second piece of equipment is required to clear the windrow once the street is plowed.
3. At no time will the City clear snow from any area of the driveway or snow pushed from the driveway into the windrow. Only the windrow left by City plows blocking entrance to the driveway will be cleared. Residents will need to make other arrangements to have the rest of their driveways and sidewalks cleared of snow themselves.

#### DAMAGE TO BOULEVARDS/RELEASE AND WAIVER OF LIABILITY

When using large equipment to move snow, operators are not always able to see every feature within the boulevard/driveway area that may be covered by snow and damage to boulevards can occur. The City will not be responsible for damage to sprinklers or landscape components (trees, shrubs, asphalt, concrete, pavers, etc.) or other raised driveway features within the City properties boulevard area.

IN CONSIDERATION of the Corporation of the City of **Fernie (the "City") clearing the snow windrow from the entrance** to the driveway to the Property when time and resources permit, in the sole and absolute discretion of the City, I hereby release, indemnify and save the City, its agents, servants, contractors, officers, employees and its Mayor and Council, harmless from and against any and all actions, causes of action, losses, damages, costs, claims, debts and demands whatsoever by any person, arising out of or in any way due to the clearing, or failing to clear, the snow windrow from the entrance to the driveway to the Property, including but not limited to:

- (a) any matter arising out of any clearing, or failure to clear, the snow windrow from the entrance to the driveway to the Property including, but not limited to, any inability or failure to gain access to or egress from the residence on the Property, at any time, including emergent or non emergent circumstances, or any other purpose; and
- (b) any injury to persons, including bodily injury or death, or any damage to or arising from a loss of property on or about the Property arising or related to any clearing, or inability or failure of the City to clear the snow windrow from the entrance to the driveway to the Property.

*I certify that I have read and understand the above terms and condition. I further certify that:*

- 1. *I have read and understand the Service Level Expectations;*
- 2. *The Property is my Principle Residence; and*
- 3. *No person resides in the Property that is under the age of 65 who is able and physically capable of removing the windrow. Any resident of the home under age 65 please refer to Part C of the application form.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

#### PART C

#### TO BE COMPLETED BY **PHYSICIAN'S** FOR PERSONS UNDER AGE 65 RESIDING IN THE HOME

#### *(TO BE COMPLETED BY A MEDICAL DOCTOR)*

##### PHYSICIAN'S CERTIFICATION

It is my opinion that the patient has a condition that poses a risk to their health by doing snow clearing. I hereby certify that, to the best of my knowledge, the following is true and correct.

DISABLING CONDITION (Please check if applicable)

- ☐ **The person's condition prevents them from doing snow clearing at their home**
- ☐ **The person's condition is permanent**
- ☐ **The person's condition is temporary (if temporary, please give the date by which the disability is likely to cease)** \_\_\_\_\_  
(day/month/year)

\_\_\_\_\_  
NAME of Patient (Please Print)

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
DATE

#### PART D

#### OFFICE USE ONLY

APPLICATION RECEIVED ON: \_\_\_\_\_

APPLICATION: ☐ Approved ☐ Denied

PUBLIC WORKS NOTIFIED ON: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF OPERATIONAL SERVICES

\_\_\_\_\_  
DATE