



MUNICIPALITY OF LEAMINGTON
SENIOR SNOW REMOVAL APPLICATION

Return payment and completed application to:

MUNICIPALITY OF LEAMINGTON
c/o LEAMINGTON KINSMEN RECREATION COMPLEX
249 SHERK STREET
LEAMINGTON ON N8H 4X7

Please Print:

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NO.: _____

I hereby apply to have the Public Works (Operations) Department clean the foot of my driveway of any snow which the snowplow has placed in the drive, and hereby advise that I am eligible for this service for one of the following reasons:

_____ I am 65 years of age or over and there is no other person residing in my home who is under 65 years of age.

OR

_____ I am physically disabled and have filed a Certificate of Disability signed by my doctor and further that no one in my home is under 65 years of age.

Application Fee: \$20.00

I understand that this service is provided only after all main roads, fire routes, alleyways, municipal parking lots, sidewalks, etc. have been cleared of snow.

Date

Signature of Senior

OFFICE USE ONLY

Payment Received: _____ (cash or cheque)

Date: _____ Initial: _____