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## Snow Angels Program Authorization

<b>Property Owner</b>		
Full Name:		
Phone:	Alt. Phone:	
Email:		
Yes ___ No ___	I am the rightful owner of _____	
Yes ___ No ___	I understand that by authorizing the renter of said property, I agree to allow community volunteers to access my property for the purposes of snow removal and I hold harmless and indemnify the Town of Calmar from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party.	
<b>Name of Property Owner (please print)</b>	<b>Signature</b>	<b>Date</b>
<i>The personal information on this form is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Town of Calmar Snow Angel Program. Should you have questions regarding the collection of your personal information, contact the Town office at 780.985.3604.</i>		