

Snow Angels Resident Application Form

Applicant Contact		
Full Name:		
Phone:	Alt. Phone:	
Residential Address:		
Criteria and Disclosure		
Yes ___ No ___	I verify there is no one residing in my home who is able to shovel.	
Yes ___ No ___	I will notify the Town of Calmar if and when I no longer require this service and will return the sign that was assigned to me.	
Yes ___ No ___	I verify that I am not requesting snow removal assistance due to being on vacation or an extended absence (ie. snowbirds etc.)	
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	I understand that: <ul style="list-style-type: none"> I am ultimately responsible for the safety of my property. I am ultimately responsible for complying with the Sidewalk Clearing Bylaw. This program utilizes community volunteers, so there is no guarantee of service. I may be required to supply the tools/equipment needed to clear the snow from my property. 	
Yes ___ No ___	I consent to the Town of Calmar disclosing my address to community members offering to support.	
Yes ___ No ___	I acknowledge that as a participant in the Snow Angels Program, I am permitting volunteers to access my yard 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.	
Name of Applicant (please print)	Signature	Date
<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>		
Note: Property OWNER must authorize renters' applications and fill out a 'Program Authorization Form'.		