



Policy Manual

CS.R-4.001 – Benefits Program Appendix C – Free Snow Plow Flag Application Form

| CONTACT INFORMATION | |
|-------------------------------|-------|
| Applicant Name | |
| Mailing Address | |
| Legal Land Location/Blue Sign | |
| Daytime Phone | Email |

Select “Yes” in ONE of the categories below to qualify for the program.

| |
|---|
| Are you 65 years old or older? If “Yes”, please provide a copy of a piece of ID that confirms your age. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you low income? If “Yes”, please provide a copy of your Notice of Assessment or Proof of Assessment issued to you by Revenue Canada (in accordance with FOIP Section 17). <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant’s must fill out a snow plow flag application and waiver in accordance with Policy 3232 Private Driveway Plowing & Grading (December 7, 2022).

Applicant’s Signature

Date

| FOR OFFICE USE ONLY | |
|--|----------------|
| Copies of Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | Received Stamp |
| Waiver Signed <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |