

ASSISTED SNOW REMOVAL APPLICATION AUTHORIZED HEALTHCARE PROFESSIONAL FORM

Please do not send us this form by email. We only accept original copies.



PART A: TO BE COMPLETED BY THE RESIDENT OR DESIGNATE:

<i>Resident's First Name</i>	<i>Resident's Last Name</i>
<i>Service Address</i>	<i>Phone</i>

WE ACKNOWLEDGE AND CERTIFY THAT:

- (a) My/our/the resident's medical condition is such that I/we/he/she am/are/is unable to remove snow and ice from the primary walkway/entry of dwelling and the public sidewalk bordering the property.
- (b) No other person resides at the above address who is capable of removing snow and ice from the primary walkway/entry of the dwelling and the public sidewalk bordering the property.
- (c) No other person is available to remove snow and ice from the primary walkway/entry of the dwelling and the public sidewalk bordering the property.
- (d) I/we understand that Community Services must approve all areas that the contractor will proceed with snow removal.
- (e) I/we will notify the City of Edmonton at 311 or send assistedsnowremovalprogram@edmonton.ca an email , if any of the above conditions change.
- (f) I/we understand that, if this application is approved, it will be subject to an annual review and the service may be terminated if the above conditions no longer apply.

<i>Signature(s) of Resident or Designate</i>	<i>Date</i>
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PART B: TO BE COMPLETED BY AN AUTHORIZED HEALTHCARE PROFESSIONAL:

Authorized healthcare professionals include, but are not limited to physicians, surgeons, osteopaths, registered nurses, home care aids, acupuncturists, chiropractors, licensed practical nurses, midwives, occupational therapists, pharmacists, physiotherapists and social workers.

<i>Healthcare Professional's First and Last Name</i>	
<i>Address</i>	<i>Postal Code</i>
<i>Title of Professional Designation</i>	<i>Registration Number</i>
<i>This is to certify that due to medical reasons, the above named resident(s) is not physically able to remove snow and ice from the public and private sidewalk.</i>	
<i>Signature of Authorized Healthcare Professional</i>	<i>Date</i>

Your personal information is collected for the purpose of registering you in the City of Edmonton's Assisted Snow Removal program and will be used to validate your application. Collection is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. If you have any questions or concerns about the collection, use, or disclosure of this information, please contact the Complaints & Investigations Section Director, at PO Box 2359, Edmonton, AB, T5J 2C3 or by phone at 780-496-5214.