



### Snow Angels Service Application

Date of Application: (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you the registered property owner? Yes \_\_\_ No \_\_\_ Date of Birth: (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you claimed the disability or senior's homeowner's grant for this property in 2019? Yes \_\_\_ No \_\_\_

Are there any able-bodied persons living at your address? Yes \_\_\_ No \_\_\_

Do you have any physical limitations that make it difficult or impossible to clear the snow and ice from your City sidewalk and adjacent property in the event of a snowfall? If so, please describe those limitations.

### Alternate Contact person

Contact Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ Merritt, BC P. Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

How did you hear about the Snow Angels program:

*I understand that my name, phone number and e-mail address will be disclosed to the service recipient(s) that I am paired with as part of this program. Yes \_\_\_ No \_\_\_*