

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:

Resident's First Name	Resident's Last Name
Service Address	Phone

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.

Signature(s) of Resident or Designate	Date
---------------------------------------	------

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.

Healthcare Professional's First and Last Name	
Address	Postal Code
Title of Professional Designation	Registration Number
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..	
Signature of Authorized Healthcare Professional	Date

Personal information is collected for the purpose of the Assisted Snow Removal Pilot Program and will be used to validate your participation in the program. Collection is authorized under section 4(c) of the Protection of Privacy Act (POPA) and is managed and protected in accordance with the Act. The city intends to input the information into an automated system to generate content or make decisions, recommendations or predictions in accordance with the City of Edmonton Generative AI Standard. For questions about the collection, please contact the Complaints & Investigations Section Director at PO Box 2359, Edmonton, AB T5J 2C3 or by phone at 780-496-5214.