Windrow Clearing Assistance Application

2025 – 2026 Winter Season

Per: Town of Golden Snow Clearing and Sanding Policy[1] Resolution #08-539

I, _____, certify that I occupy the home located in the
PRINT full name.

Town of Golden at: _____.

Mailing Address: _____. Roll/Folio#: _____.
PRINT full mailing address including postal code.

Telephone Number: _____. E-Mail Address: _____.

I also certify the following:

1. I occupy this home as my **principal residence**. _____.
   (Initial)
2. I am either:
   a. the registered homeowner _____.
   (Initial)
   OR
   b. the tenant _____. ***(Proof of residency required)***
   (Initial)
3. I meet the eligibility requirements for Windrow Clearing Assistance because:
   a. I am **65 years or older** _____.
   (Initial)
   OR
   b. I have a **physical limitation** (temporary or permanent) that prevents me from clearing the driveway entrance windrow for the current snow removal season _____.
   (Proof of physical limitation required) *(Initial)*
4. No persons under the age of 65 reside at the property who are physically able to remove the windrow_____.
   (Initial)

LEVEL OF SERVICE:

Windrow clearing assistance is defined as "*Pushing the row of snow at the entrance of the driveway onto the boulevard area/homeowner's property*". **Only one driveway windrow will be cleared per property**. Clearing the windrow does not mean physically removing the snow from the resident's property. **Windrow clearing assistance will be carried out only when the grader and loaders are dispatched for snow clearing operations**. Windrow clearing will not be carried out when only plow trucks are dispatched for street clearing purposes. At no time will the Town clear snow from any area of the driveway or from snow pushed from the driveway into the windrow. **Only the windrow left by Town plows blocking the entrance to the driveway will be cleared**. Residents will need to make other arrangements to have the rest of their driveways and sidewalks cleared of snow.

_____ _____
(Applicant Signature) *(Application Date)*

For Office Use

Proof of Physical Limitation Provided:
☐ YES (Temporary) ☐ YES (Permanent) ☐ NOT REQUIRED

Proof of Residency Provided:
☐ YES ☐ VERIFIED BY ROLL#

☐ **APPROVED** or ☐ **DENIED** Reasoning:_____

Front Staff Initial: _____ *Date:* _____

[1] *For additional details, please refer to the Snow Clearing and Sanding Policy available on the Town of Golden website www.golden.ca/snow.*