

Boulevard Grass Cutting Service Application

The following is an application for City grass cutting of the boulevard abutting your property. This service is for qualified Seniors and Persons with a Disability.

Please read this application information carefully.

If you feel that you qualify for this service, ask your family doctor to complete the “**Statement of Physician**”, on the application form, then complete the remainder of the application.

To qualify for the City boulevard grass cutting service, **you must:**

- 1** *Have a disability, which (in the opinion of your physician) renders you incapable of carrying out grass cutting of the City boulevard that fronts your residence and;*
- 2** *Have no other person living in the same dwelling unit who is physically capable of carrying out grass cutting of the boulevard for you, and;*
- 3** *Reside in a residential single family, semi-detached, or duplex dwelling unit located in the city’s urban area, and be the owner of such residence and;*
- 4** *Agree to a waiver of claims against the City with respect to any property or other damage which might arise out of the service being provided.*

To ensure the boulevard at your address is included in the annual work plan, **the application form (Part I, II and III) must be fully completed** and returned by the last Friday in April to:

City of St. Catharines
Attn. Manager, Operations Administration
c/o City Hall
50 Church Street
St. Catharines ON L2R 7C2

Please note:

- The service being applied for consists of grass cutting on the boulevard fronting and abutting the primary residence of a qualified applicant.***
- This service does not include cutting any grass beyond the limit of city right of way.***
- Service frequency is at the discretion of the City. Service is weather dependant and will generally begin in May and conclude in September.***

PART I Statement of Qualification

Applicant: _____
Owners Name (Please print)

Address: _____

Phone _____

- 1. No person lives with me who is capable of carrying out grass cutting on the municipal boulevard that abuts my residence.*
 - 2. I live in a single family, semi-detached or duplex dwelling unit and am the property owner of said residence.*
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PART II Statement of Physician:

I, _____,
Name of Physician (Please Print)

Hereby certify that:

A disability renders the person(s), herein named as the applicant(s) / owner(s), incapable of carrying out grass cutting on the boulevard at their place of residence.

Signature of Physician: _____ **Date:** _____

Office Address: _____

Phone: _____

PART III Waiver of Claims

I hereby acknowledge that I am requesting the Corporation of the City of St Catharines to cut the grass on the municipal road boulevard fronting and abutting my residence.

I hereby waive any and all rights of claim against the Corporation of the City of St. Catharines and / or against officials, employees, agents, organizations and/or private citizens employed on a volunteer basis by or with the said City of St. Catharines, for property or other damages, which may arise from my being provided with the grass cutting service that I am requesting.

Signature of Owner

Witness

Date

Signature of Co-owner

(If residence is jointly owned)

Witness

Date

Return completed application to: City of St. Catharines

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c/o City Hall

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