



**THE CORPORATION OF THE VILLAGE OF SLOCAN
POLICY No. 2009-009
SNOW REMOVAL POLICY**

Appendix "A"

REGISTRATION FORM

**SENIORS AND PERSONS WITH DISABILITIES
CLEARING OF DRIVEWAY FURROWS**

NAME: _____

RESIDENTIAL STREET ADDRESS: _____

PROOF OF ELIGIBILITY PROVIDED: yes no

SIGNATURE: _____ DATE: _____

Village use only:

Service discontinued:

Date: _____

Reason: _____