



Snow Clearing Waiver Application

Driveway snow clearing program for:

- Elders over the age of 65+

Name:

Address:

Age Verification:

Date of Application:

General Release Form

I _____ hereby grant the Town of Norman Wells, (Public Works) access to my property for the purposes of driveway snow removal. I hereby release and discharge the Town of Norman Wells from any and all claims and demands arising out of or in connection with the clearing of snow from my property including, and without limitation any and all claims for damage to personal property.