Snow Plowing Application
2025-2026 Winter Season

Section 1 : Application for free service.

Name : _____
Address: _____
Age: _____
Band Number: _____

Physical Limitation: **Yes** **No**
(circle)
If yes, provide brief description of physical condition and details relating to the limitations to shovelling snow.
(section must be completed)

Note: Health representative from Whitefish Lake will review the information provided to confirm applicants information.
Note: If the health representative does not confirm the physical condition the application will be disqualified.

List persons residing in unit.

Name	Age	Income

Note: Abled body person residing in unit disqualifies application.
(anyone over 14 years and in good physical condition)

Total Household Income: $
(statements must be provided to verify income)
Combined Income greater than $25,000.00 per year; disqualifies application.

Signature: _____

Section II : Application for paid service

Annual Fee : **$200.00** Must Pay Finance Department

Payment Received **Attach receipt from First Nation.**