THE RURAL MUNICIPALITY OF
MANITOU LAKE
No. 442

RESIDENTIAL LANE SNOWPLOW REQUEST FORM 2026-2027

I, _____ hereby request that the RM of Manitou Lake No. 442
(*PRINT NAME)*
snowplow the lane leading to my residence located at:

_____ for the 2026-2027 winter.
(*LEGAL LAND DESCRIPTION)*

I hereby agree to the following:

- I understand that the RM will only use their own equipment and that if the RM equipment is unable to clear the snow, it is no longer the RM's responsibility
- I undertake to ensure that any objects that might interfere with the snow removal operations are removed from the area to be cleared prior to the first snowfall and to ensure that the area remains clear of any such objects during the winter season
- I will ensure that all motor vehicles are parked in such a matter as so not to interfere with the snowplowing
- I agree I will not hold the RM or its employees or contractors responsible for any damage done to my property or its contents as a result of the snow removal operations
- I agree to have any obstructions within plowing area to be clearly marked
- I agree to pay the RM for each snowplowing occurrence as follows:
  $50.00 plus taxes for under 20 minutes per laneway
  $190.00 **minimum** plus taxes for anything over 20 minutes per laneway
- I agree that my unpaid account, including snowplowing from a previous season **must** be paid up prior to new plowing
- I agree that this form applies to laneways only, and that this will not include yards, shop yards, around grain bins, etc.
- I agree to contact the RM Office at 306-826-5215 or office@rmmanitou.ca before **[9:00 am]** when plowing is required

Should I fail to comply with the preceding conditions, I agree:

- That I will be obliged to compensate the RM for any resulting damage to the equipment used and
- That I will indemnify and save harmless the RM as well as its employees or contractors of and from any claims arising out of that failure

I understand that the snowplowing of the RM roads is a priority and my laneway will be plowed at the operators' earliest convenience.

_____ _____
DATE SIGNATURE

_____ _____
DATE WITNESS SIGNATURE

CONTACT INFO: _____ /_____

BILLING ADDRESS: _____