

15 Market Square Saint John NB, E2L 4L1

506-658-4455



SAINT JOHN

DOWNED WOOD APPLICATION FORM

This application is for the wood specifically resulting from downed trees in King's Square during hurricane Dorian, which are a combination of maple, elm, and linden species of various widths and condition. It does not apply to other downed trees throughout the City. Preference will be given to persons and organizations with City of Saint John addresses. Trees will be located in the Rockwood Park compound on Fisher Lakes Drive. The City of Saint John will not provide assistance with cutting or moving the wood, it will be the responsibility of the recipient to ensure they cut sizes that are manageable.

Name of Applicant/Organization representative

Non-profit Organization

Please select appointment time to come get the wood. NOTE: the area locked at other times.

Dec 12th 3-6 pm

Organization Information

Street Name	
City	
Postal Code	
Email	Phone
Amount of wood Requested (sq. ft.)	

City of Saint John Release of Liability

I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or any other activity of any nature, including the use of equipment and facilities of the City of Saint John.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge the City of Saint John and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administration and assigns ever may have against any of the above for, on account of, by reason of or arising in the connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demand and causes of action.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature of the Applicant

Date signed

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Name of Applicant

Please select appointment time to come get the wood. NOTE: the area is inaccessible to the public without an appointment

Dec. 14th 9-11 am

Organization Information

Street Name	
City	
Postal Code	
Email	Phone
Amount of wood Requested (sq. ft.)	

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