



PRIORITY SNOW REMOVAL

(SEASONAL REGISTRATION AND DOCTORS VERIFICATION REQUIRED)

Homeowners: _____

Address: _____

**SNOW PRIORITY CLEARING IS FOR MEDICAL REASONS SUCH AS CHEMOTHERAPY OR DIALYSIS AND FOR
ESSENTIAL EMERGENCY ROOM PERSONNEL.
ROUTINE DOCTOR VISITS ARE NOT CONSIDERED A PRIORITY.**

Reason for Priority: _____

Frequency of Priority Service: _____
(i.e. every Monday, the second of every month)

Time of Appointment: _____ AM _____ PM

ACKNOWLEDGEMENTS

- 1. The Association's snow clearing efforts are not, in any way, tailored for any individual. Snow clearing specifications may be changed in the future without notice;**
- 2. The priority afforded will be one of timing and not nature of service. Not everyone can be first. There are many others on the priority list;**
- 3. The Association will do its best to hire competent contractors, but the adequacy of each snow clearing will vary from service to service;**
- 4. If the Association's snow clearing specifications are not complete or adequate enough in any way, a resident may make private arrangements for snow clearing services at their own expense;**
- 5. In fairness to others on the list, the Association must be notified immediately when the need for priority service no longer exists. Additionally, each year a new form is required from each homeowner;**
- 6. The Association may not be prosecuted in any way as a result of anything that has occurred with the priority service.**

Dated: _____ Homeowner: _____

Dated: _____ Homeowner: _____