

GOCA PRIORITY SNOW REMOVAL FOR  
CHEMOTHERAPY OR DIALYSIS APPOINTMENTS

**(SEASONAL REGISTRATION AND DOCTORS VERIFICATION REQUIRED)**

Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_

SNOW PRIORITY CLEARING IS FOR MEDICAL REASONS SUCH AS:  
**CHEMOTHERAPY OR DIALYSIS**  
**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)  
MUST SPECIFY

Time of Appointment: \_\_\_\_\_ AM \_\_\_\_\_ PM  
MUST SPECIFY

**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: \_\_\_\_\_