



**WHITING VILLAGE COMMUNITY ASSOCIATION**  
ONE FALMOUTH AVENUE  
WHITING, NEW JERSEY 08759

PHONE: 732-350-2882  
FAX: 732-350-4680

## Emergency Snow Removal Request Winter of 2024/2025

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NAME

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ADDRESS

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PHONE

I, hereby request my name to be placed on the Medical Necessity List.  
I understand and acknowledge that only residents with life sustaining appointments during a snow event will be put on the priority list.  
In conformance with your request, **attached** is my signed Doctor's certificate confirming my need for this service.

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Signature of Applicant

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### FOR TRUSTEE USE ONLY:

Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

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Trustee Signature

# **EMERGENCY SNOW REMOVAL REQUEST**

HEALTH ISSUES FOR "EMERGENCY LIST":

1. CHEMO TREATMENT LIST DAYS OF WEEK AND TIME FRAME

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2. DIALYSIS LIST DAYS OF WEEK AND TIME FRAME

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3. RADIATION TREATMENT LIST DAYS OF WEEK AND TIME FRAME

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4. HOSPICE CARE LIST DAYS OF WEEK AND TIME FRAME

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5. HOME HEALTH TREATMENT (Life sustaining)

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6. OTHER:

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**ATTACH MEDICAL DOCUMENTATION TO VERIFY THE ABOVE CONDITION.**