



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 2026/2027

NAME

ADDRESS

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.

Signature of Applicant

FOR TRUSTEE USE ONLY:

Approved Date: _____

Denied Date: _____

Trustee Signature

EMERGENCY SNOW REMOVAL REQUEST

HEALTH ISSUES FOR “EMERGENCY LIST”:

1. CHEMO TREATMENT LIST DAYS OF WEEK AND TIME FRAME

2. DIALYSIS LIST DAYS OF WEEK AND TIME FRAME

3. RADIATION TREATMENT LIST DAYS OF WEEK AND TIME FRAME

4. HOSPICE CARE LIST DAYS OF WEEK AND TIME FRAME

5. HOME HEALTH TREATMENT (Life sustaining)

6. OTHER: _____

ATTACH MEDICAL DOCUMENTATION TO VERIFY THE ABOVE CONDITION.