



Melissa Cuomo  
 Community Manager  
 732-657-4300 Fax: 732-657-4770

MEDICAL PRIORITY SNOW REMOVAL REQUEST FORM

Resident's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Cell# \_\_\_\_\_

Please check your criteria:

- 1. Chemotherapy/Radiation \_\_\_\_\_
- 2. Dialysis \_\_\_\_\_
- 3. Hospice \_\_\_\_\_
- 4. Physical Therapy \_\_\_\_\_
- 5. Heart condition \_\_\_\_\_
- 6. Wheel chair/Walker \_\_\_\_\_

Doctor Name: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

***Please note this form will be faxed to the Doctor's office for approval and signature.***

*Make sure you have an ample supply of all medications before a pending storm. Call 911 if you require immediate emergency assistance.*

Note: Please fill out this form and return it to the River Pointe Managers office. As stated above the form will be faxed to your doctor for conformation and your name and priority will be addressed.

Thank you