

WINTER 2018/2019

MEDICAL PRIORITY
SNOW REMOVAL REQUEST

(This form is to be used for Chemotherapy, Radiation, Dialysis or Home Hospice Care only.)

Each winter the City of Bella Vista compiles a list of residents who have priority medical conditions requiring chemotherapy, radiation, dialysis treatments or home hospice care. Questions or concerns regarding oxygen or other medical conditions not listed should be directed to Fire Chief Steve Sims at 479-855-8248.

Please fill out this form and return it to: City of Bella Vista
P.O. Box 5655 (101 Town Center)
Bella Vista, AR 72714
Ph: 479-876-1255

Name:

Address

Phone:

Doctor's Name:

Doctor's Phone Number:

Medical Treatment/Care (Circle One): Chemotherapy Radiation
Dialysis Home Hospice Care

Circle Appropriate Day(s): M T W Th F Sat Sun

Time of departure from home for appointment: