



Snow Removal Notification Form

Resident Name: _____

Address: _____

Telephone Number: _____

I give the Enfield Housing Authority permission to provide the information indicated above to a third party for the purpose of receiving an automated telephone message regarding snow removal commencement. I understand that I must complete a new form should my information change as failure to do so may result in removal from the call list.

Resident Signature: _____

Date: _____

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting our office at 860-745-7493.

An Affirmative Action/Equal Opportunity Employer Equal Housing Opportunity

