



**RENAISSANCE
HOMEOWNERS ASSOCIATION**

OPT-OUT SNOW REMOVAL FORM

Resident's Name: _____

Address: _____ Phone: _____

Please accept this as my official notification to the Renaissance Homeowner's Association that I/we do not wish to have any snow removal services (driveway plowing and walkway shoveling) performed at my home for the 2015/2016 season.

Signature

Date

Signature

Date