



# City of Flint

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## COVID COMPLIANCE EVENT PLAN

REQUESTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. PLEASE OUTLINE THE PLAN TO MITIGATE EXPOSURE TO COVID-19 DURING THE EVENT:

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2. THE FOLLOWING MEASURES WILL BE PUT IN PLACE TO MITIGATION THE EXPOSURE TO COVID-19:

SOCIAL DISTANCING

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISINFECTING

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SYMPTOMS CHECKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that this request has been examined by me and will comply with the above-mentioned mitigation measures or any others that may be in effect on the date of the event.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**CITY OF FLINT APPROVAL**

- The abovementioned COVID-19 compliance plan is approved.
- The abovementioned COVID-19 compliance plan is denied.
- The abovementioned COVID-19 compliance plan approved in part with the following amendments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of City of Flint Representative

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_