ESSENTIAL ACTIVITY REGISTRATION

Pursuant to the Amended Emergency Ordinance of the Town of New Shoreham

Applicant _______________________________ telephone number or cell:__________________

Date _____/_____ /_______

Business name ________________________________

Describe the essential activity, for example; public safety reasons, medical care, veterinary care, education, exterminator services, telecommunication network repair, emergency heating repair or installation; _________________

______________________________________________________________________________

Location of activity: ___________________________________ Fire Number_______________

Approved_____________ Disapproved_______

For the Town of New Shoreham____________________________________________________

Please be strongly advised as an Essential Activity you may not go to any location on the Island other than to the approved job site where you engage in the Essential Activity and back to the ferry or the airport to leave the Island.

You are mandated to wear face masks and have hand sanitizer or access to a water source and soap for hand washing.

You are mandated to maintain a daily log of all personal contacts and have the log available for review by the Town Manager’s designee.

All workers shall maintain social distancing and follow all CDC and Rhode Island Department of Health Guidelines at all times.

Please add any additional comments you may have here:

______________________________________________________________________________