

**Washakie County
Request for Exception**

In accordance with statewide Public Health Orders 1-4, a Request for Exception is made for a variance to the Orders.

Facility Name:		Telephone:	
Facility Contact Name:		Telephone:	
		Email:	
Mailing Address:		Fax Number:	
City:		State/Zip:	
Order # for which this exception is being requested:			
Date on which this exception will begin:			
Basis for Exception			
The specific reason(s) for the request, including why compliance with the order cannot be accomplished or should be given special consideration:			
Please attach a detailed explanation of how the health and safety of the customers/patrons/staff will be maintained if this exception is granted.			

By signing below, I attest that all information provided on the previous page is correct and will be followed. I also acknowledge that, if granted, page 2 of this exception and the Covid-19- specific operating plan will be clearly posted on the entrance to the facility it pertains to.

I acknowledge that this request will be sent to the County Health Officer. It will then be forwarded to the State Health Officer for approval. The timeline for state approval is unknown at this time.

I understand I will not be able to operate under this plan until the request is approved.

I also understand approvals will be data-driven and based on state and county metrics.

By executing this request for exemption, the undersigned hereby acknowledges that they have been advised of the requirements of all statewide health orders, that the County Health Officer and the Incident Management Team and its members, as well as Washakie County, Wyoming and its officials, have in no way represented whether or not this request will be successful and that the undersigned has completed this request without any promise or understanding from any of the above that this request will be approved. The approval authority for approval lies solely with the State Health Officer and will be based largely upon the contents of the Request for Exemption.

NAME	SIGNATURE	DATE SIGNED

Submit completed form to: covid19@washakiecounty.net

Office Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:		
Signature: Washakie County Health Officer		Date Signed:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:		
Signature: Wyoming State Health Officer		Date Signed:	

Customer/Patron Use Only
If you feel this facility is non-compliant with the posted Covid-19 operating plan, please email a formal grievance to: Covid19@washakiecounty.net