



# CITY OF SAINT PAUL ALASKA

## COVID-19 TRAVEL FORM

Each Traveler must fill out a form, regardless of age or whether an employer has filed a plan or protocol with the State of Alaska. **EXCEPTION** – For fishing vessels with multiple employees, a supervisor or captain may list all employees under one form and only submit one form to cover all employees on the vessel. Attachment A allows for listing multiple names. The person filling out the application on behalf of a vessel should fill out all other portions of this form.

Full Name: \_\_\_\_\_

Business/Vessel Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail : \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Final Destination: \_\_\_\_\_

Self-quarantine address (if different) \_\_\_\_\_

PLEASE LIST THE SPECIFIC PLACES TRAVELLED WITHIN THE PREVIOUS 14 DAYS.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### REASON FOR TRAVEL:

Travel is currently not permitted into St. Paul Island, with limited exceptions. Please check below which exception applies to you:

Emergency first responder

Law enforcement acting within their official duties

Office of Children's Services

Essential Government Services Personnel

Resident returning to St. Paul Island

Subsistence or Commercial Fishing, including contract services

Essential Services & Critical Workforce: Healthcare Operations & Public Health

Essential Services & Critical Workforce: Telecommunications

Essential Services & Critical Workforce: Utility Operations and Maintenance

Essential Services & Critical Workforce: Air Transportation/Logistics



I agree to submit to health screening in St. Paul Island, if requested.

I agree to wear face coverings as recommended in Health Alert 010 issued April 3, 2020, when outside personal lodgings and in St. Paul Island.

I agree to follow the curfew and any other local ordinances or emergency orders that are in place or may be in the future.

I agree to self-quarantine for 14 days.

I agree not to enter residences in St. Paul Island other than my own lodging.

**Certificate: Read and Sign:** I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. **WARNING:** If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self-quarantine regulations set forth in the mandate, you may also be convicted as a class A misdemeanor which is punishable by a fine of up to \$25,000 or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.135. You may also be cited for a minor offense under local ordinance and subject to a \$500 fine.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**\*\*\*For City of Saint Paul Use Only\*\*\***

Approved:      Denied:

CITY MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED BY THE CITY MANAGER FOR FOLLOWING REASONS:

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

**CITY OF SAINT PAUL MAYOR'S REVIEW**

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

MAYOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Approved:      Denied:

**THE MAYOR'S DECISION ON APPEAL SHALL BE THE FINAL CITY ACTION ON THE APPLICATION**