



CITY OF RUTLAND

DEPARTMENT OF PUBLIC WORKS

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The safety of Rutland City employees and customers is our priority. In effort to prevent the spread of COVID-19 and reduce potential risk of exposure, the City of Rutland is asking all customers who need essential services requiring a city employee to enter their residence to complete the following questionnaire within 48 hours before the service visit. **Customers requiring seasonal water turn on services must schedule the appointment in advance of their return and have a third party provide access to the home. The individual granting access to the home must complete this questionnaire.**

<b>First &amp; Last Name:</b>		
<b>Service Address:</b>		
<b>Contact Phone Number:</b>		
<b>Service Type:</b> Water Turn On <input type="checkbox"/> Water Turn Off <input type="checkbox"/> Sewer Backup <input type="checkbox"/> Meter Repair <input type="checkbox"/>		
<b>Appointment Date &amp; Time:</b>		
<b>Please answer the following:</b>		
	<b>YES</b>	<b>NO</b>
Have you or anyone in your household traveled cross-country or overseas within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household been in close contact with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household been in close contact with someone who has traveled within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or anyone in your household under orders to quarantine or is anyone self quarantining?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, under whose direction? _____		
Have you or anyone in your household experienced any cold or flu-like symptoms within the last 14 days (fever, cough, sore throat, shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Service Entrance: City employees should enter the home through the entrance closest to the service area</b>		
Please verify which door the service technician should use: _____		
<b>Signature:</b>		<b>Date:</b>

**Should the individual who signed this form be diagnosed with COVID-19 within 2 weeks following the appointment, he/she MUST notify the City of Rutland Department of Public Works immediately.**