

Sweetwater County Request for Specific Exception from a State Health Order

BE ADVISED: The State Health Officer in the third continuation and modification of the Statewide Public Health Orders #1, #2, and #3, in effect as of this date require that:

1. A written Request for Specific Exception be made by the undersigned Service Provider for a specific exemption from a Statewide Public Health Order.
2. The Service Provider shall demonstrate in writing to the County Health Officer that effective cleaning and safety measures are implemented and will be maintained by the Service Provider.
3. Once this request is completed by the Service Provider this written specific exemption request may be reviewed by the County Health Officer who may deny the request or submit it to the State Health Officer for approval.
4. No Specific Exception is granted until the State Health Officer approved the specific exemption in writing.
5. The COVID-19 Specific Exemption Operating Plan shall be posted at all entrances to the facility, is a public record and posted on any electronic media used by the Service Provider and county.

Facility Name:		Telephone:	
Facility Contact Name:		Telephone:	
		Email:	
Physical Address:		Fax Number:	
Mailing Address:			
Town:		State/Zip:	
Provide the State Health Order # and specific page and paragraph of the Order for this specific exception is being requested:			
State Health Order #	Page #	Paragraph #	
Date on which this specific exception is desired to begin:			

Basis for Exception

The specific reason(s) for the requested specific exemption, including why compliance with the State Health Order cannot be accomplished or should be given special consideration:

Attach a detailed explanation in writing of the cleaning and safety measures that are going to be implemented and will be maintained by you and how the health and safety of the customers/ patrons/staff will be maintained if this specific exception is granted. Also attach any city, state or federal licensing requirements and COVID-19 recommendations. If they exist and you fail to provide them this request will be summarily denied.

By signing below, I swear or affirm under penalty of perjury or false swearing that all information provided on the previous page and any attachments are correct and will be followed and that, if this specific exemption is granted, all State Health Orders and the service providers Covid-19- specific operating plan will be clearly posted on the entrance to the facility it pertains to printed in at least 16 font size at least 1 and ½ spacing so the public can actually read it.

I acknowledge that this request will be sent to the County Health Office for review and possible denial. It will then be forwarded to the State Health Officer for review and possible denial. The timeline for state approval is unknown.

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 specific exemption, the undersigned hereby swears or affirms that they have read and understand the requirements of all statewide health orders, that the County Health Officer and the incident management team and its members, as well as Sweetwater County, Wyoming and its officials, have in no way represented whether or not this specific exemption request will be granted and that the undersigned has completed this specific exemption request without any promise or understanding from any of the above that it will be approved. The authority for approval lies solely with the State Health Officer and will be based largely upon the contents of the Request for Specific Exemption.

NAME	SIGNATURE	DATE

Submit completed form to: covid19@sweet.wy.us; call (307) 922-5351 with questions

Office Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Needs revisions	Comments:	
Signature: Sweetwater County Health Officer		Date Signed:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Needs revisions	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: