

NOTICE: READ BEFORE ENTERING

Address

During this COVID – 19 Pandemic, enter at your own risk.

If you answer yes to any of the questions below you may not enter.

1. Do you or your clients have a fever? **Yes** **No**
2. Have you or your clients been in contact or exposed to anyone with a confirmed or suspected case of COVID – 19? **Yes** **No**
3. Have you or your clients traveled outside of the United States or out of this area within the last 14 days? **Yes** **No**
4. Do you or your clients have any of the symptoms associated with COVID -19 such as a cough, difficulty breathing, or shortness of breath? **Yes** **No**

Procedures for viewing the Property:
