

**Converse County  
Request for Exception**

In accordance with the third continuation and modification of statewide Public Health Orders 1-3 issued by Governor Gordon on April 28, 2020, a Request for Exception is made for a variance to the Orders.

<b>Facility Name:</b>		<b>Telephone:</b>	
<b>Contact Person:</b>		<b>Telephone:</b>	
		<b>Email:</b>	
<b>Mailing Address:</b>		<b>Fax Number:</b>	
<b>City:</b>		<b>State/Zip:</b>	
<b>Order # for which this exception is being requested:</b>			
<b>Date on which this exception will begin:</b>			
<b>Basis for Exception</b>			
The specific reason(s) for the request, including why compliance with the order cannot be accomplished or should be given special consideration:			

Please explain in detail how the health and safety of the customers/ patrons/staff will be maintained if this exception is granted. Specifically: how you will keep customers/patrons six (6) feet apart, how you will ensure proper cleaning is maintained, how you will provide face masks for clients and/or staff, etc.

By signing below, I attest that all information provided in this document is correct and will be followed. I also acknowledge that, if granted a copy of the approval will be clearly posted on the entrance to the facility it pertains to.

I understand that this request will be returned to Converse County Public Health and they will forward it to the County Health Officer. It will then be forwarded to the State Health Officer for approval. The time line 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 reviewed the requirements of all statewide health orders, that the County Health Officer, the Incident Management Team and its members, as well as Converse 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 lies first with the County Health Officer. If the Request satisfies the County Health Officer's review the Request will be forwarded to the State Health Officer for approval. Approvals are largely based upon the contents of the Request for Exemption.**

<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE SIGNED</b>

**Submit completed form to: [johnna.shepherd1@wyo.gov](mailto:johnna.shepherd1@wyo.gov)**

Office Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:		
Signature: Mark S. Campbell M.D. , 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 call 358-2536 or email: <a href="mailto:johnna.shepherd1@wyo.gov">johnna.shepherd1@wyo.gov</a>