



TRAVEL FORM INTO/THRU COLD BAY

**Submit via email at: COVID-19@akcoldbay.org**

Questions: (907)-532-2401 or (907) 532-2126

**FORM MUST BE SUBMITTED and APPROVED 72 HOURS BEFORE TRAVEL BEGINS.  
EACH INDIVIDUAL TRAVELING MUST HAVE THEIR OWN FORM.  
APPROVED FORM MUST BE PRESENTED UPON ARRIVAL TO CITY PERSONNEL.**

**FINAL DESTINATION:** \_\_\_\_\_ COLD BAY \_\_\_\_\_ REGIONAL VILLAGE  
(Village specific restrictions may apply – please check with your FINAL destination.)

FULL NAME (PLEASE PRINT) \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

MINOR? IF YES, PRINT NAME OF GUARDIAN: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS (STREET, NOT POB): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**PURPOSE FOR TRAVEL – CHOOSE ONE:**

\_\_\_\_\_ ESSENTIAL SERVICES \_\_\_\_\_ CRITICAL INFRASTRUCTURE WORK  
\_\_\_\_\_ CRITICAL PERSONAL NEEDS \_\_\_\_\_ SUBSISTENCE PURPOSES

EXACT DATES OF TRAVEL: \_\_\_\_\_

**EXPLAIN REASON FOR TRAVEL FROM AND TO:** \_\_\_\_\_

Thank you for YOUR COOPERATION. The City of Cold Bay's goal is to keep the community safe from the spread of COVID-19 while allowing travel for essential services, critical personal needs, infrastructure work, and subsistence until the covid-19 threat subsides.

PLEASE EXPLAIN IN DETAIL YOUR QUARANTINE PLAN AND/OR OTHER MEASURES YOU WILL TAKE TO KEEP OUR COMMUNITY SAFE (Use additional paper if needed):

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**Measures to Take to Decrease the Spread of COVID-19:**

- **Wash your hands often** with soap and water for at least 20 seconds, especially after coughing, blowing your nose, or sneezing.
- If soap and water are not available use a **hand sanitizer with at least 60% alcohol**.
- **Don't touch your eyes, nose or mouth** with unwashed hands.
- **Avoid close contact with people in the community**. Stay at least 6 feet away from people that are not members of your household.
- **Cover your mouth and nose with a cloth face mask** when around other people.
- **Clean and disinfect frequently touched surfaces**, such as doorknobs, handles, faucets, toilets, phones, light switches, and countertops, at least daily.
- **Monitor for symptoms** such as fever, cough, or shortness of breath. Alert a healthcare provider via phone if infection is suspected.
- **Follow your quarantine and/or safety plan**. A quarantine is meant to decrease the number of interactions newly arrived travelers have with community members who have been in Cold Bay and not traveled. ***While essential personnel may travel between work and their place of residence, please do not visit the grocery store, post office, and other areas community members congregate in tight spaces until your quarantine period has ended.*** Please have friends/family/co-workers/business deliver necessary supplies while quarantining from community members.

Thank you for working with the Community of Cold Bay to decrease the spread of COVID-19.

I have read and understand the above guidelines for sanitation, distancing, and quarantine. I agree to follow my quarantine plan and the above guidelines to reduce the risk of COVID-19 spread in the Community of Cold Bay.

Traveler's Signature \_\_\_\_\_

Date: \_\_\_\_\_

City Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

