

City of Anaktuvuk Pass Travel Declaration Form

Welcome to Anaktuvuk Pass. For the health and safety of our residents and guests, we ask that you complete the top half of this form when you arrive. The bottom half of this form should be completed prior to departure.

TO BE COMPLETED UPON ARRIVAL:

Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Home Address: _____

Business Address: _____

Reason for Travel: (Please specify Business Name and/or Village Contact)

Dates of Travel: _____

Were you tested prior to travel to Anaktuvuk Pass? Yes No

If yes, where and when did you get tested? _____

What were the results? _____

Please provide test results to the City of Anaktuvuk Pass upon arrival or as soon as possible.

TO BE COMPLETED PRIOR TO DEPARTURE:

Has any of the above information change during your visit to Anaktuvuk Pass? (Please Specify)

List names of people with whom you came in contact during your visit:

The above information is correct, to the best of my knowledge. I will contact the City of Anaktuvuk Pass if any information changes.

Print

Sign

Date