

Essential Services Verification

Business / Service: _____

Address: _____ **City:** _____, TX, **Zip:** _____

Supervisor: _____ **Phone:** _____

Exempted Person: _____

Driver's License No: _____ **State:** _____

This letter identifies this person as an Essential Services employee. This employee is required to travel to and from work to perform their duties in support of essential services pursuant to Federal, State and Local guidelines. This exemption shall remain in place for the duration of the declared emergency.

Questions or concerns may be directed to the supervisor listed above.

Supervisor Signature

Date