

N95 MASK REQUEST FORM

Part of the Cal OES Program

OFFICIAL REQUEST

FIRST AND LAST NAME:

COMPANY:

ADDRESS:

EMAIL:

PHONE:

TOTAL N95 MASKS REQUESTED*:

*Total number of N95 masks requested should only be for unvaccinated employees.
The criteria is one mask, per unvaccinated employee, per shift, for 21 work days (calendar month).

PICK UP OPTIONS

SELECT A PICK UP DATE:

Friday, July 2, between 9 a.m. - 12 p.m.

Tuesday, July 6, between 9 a.m. - 12 p.m.

Wednesday, July 7, between 9 a.m. - 12 p.m.

Thursday, July 8, between 9 a.m. - 12 p.m.

Friday, July 9, between 9 a.m. - 12 p.m.

PICK UP ADDRESS:

YOUNTVILLE CHAMBER OF
COMMERCE
6484 WASHINGTON ST.
SUITE F
YOUNTVILLE, CA 94599

****IMPORTANT****

When picking up your N95 Mask Order, please **BRING THIS FORM** with you.

Your order will not be released without this form.

Volunteers will be helping fulfill your order. Please be patient when picking up.

Thank you!