[Company	//Community	/ Association	Letterhead]

Date:

COVID-19	Essential	Employee	<b>Authoriza</b>	tion to	Work

ine bearer of this letter is an emp for a critical function at [insert com	*	. ,	
n	[City, State].		
Company/community association Community Associations Institute services affecting the health, safet a community association manager	(CAI) believes the stay-at-ho y and welfare of homeowner	me orders permit the	-
We appreciate your support in allocontinue to provide essential servi by your state, if any]		_	-
SIGNATURE AND DATE CICNED			
SIGNATURE AND DATE SIGNED	BY:		
Please direct any questions to: List at least two company or asso	ciation officials name, title, a	nd phone number)	
Sincerely,			
Authorized signer (company or as:	sociation official. Include nar	me, title, email, and p	hone number)
Company/community employee s	hall staple or affix their busir	ness card, if available,	here:

**PLEASE NOTE:** This form is a template only and must be completed using the specific information required by your local and/or state jurisdiction. Failure to include required information may result in civil or criminal liability, including fines. This form should only be used in compliance with your jurisdiction's closure order(s), and only if your jurisdiction includes community association management as a business that can continue to offer essential services during the closure period.

