

TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, including back up information, <u>8 days prior</u> to the requested meeting date. Public Hearing requests must be submitted <u>20 days prior</u> to requested meeting date to meet publication deadlines (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION			
Date Submitted: June 2, 2021 Submitted by: Town Council Chair Tom Koenig and Vice Chair Finlay Rothhaus Date of Meeting: June 10, 2021			
Department:		Time Required: 20 r	ninutes
Speakers:		Background Info. Supplied:	Yes: __ No: _\
CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)			
Appointment:	[]	ecognition/Resignation/ etirement:	
Public Hearing:	O1	d Business:	\boxtimes
New Business:	Co	onsent Agenda:	
Nonpublic:	O1	her:	
TITLE OF ITEM			
Updated COVID-19 Guidance			
SERVICE SERVIC	DESCRIPTION	N OF ITEM	
The Town Council to discuss the latest Covid-19 guidance as it relates to the Town facilities.			
REFERENCE (IF KNOWN)			
RSA:	W	arrant Article:	
Charter Article:	To	wn Meeting:	
Other:	N	A	
EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)			
Projector:	G ₁	ant Requirements:	
Easel:	_ Jo	int Meeting:	
Special Seating:	☐ O1	her:	
Laptop:	□ No	one:	
CONTACT INFORMATION			
Name: Tom Koenig	A	ldress	
Phone Number	Er	nail Address tkoenig@	merrimacknh.gov
A PPROVAL			
Town Manager: Yes __	No: Cl	nair/Vice Chair:	Yes _ No:
Hold for Meeting Date:			

ATTENTION VISITORS

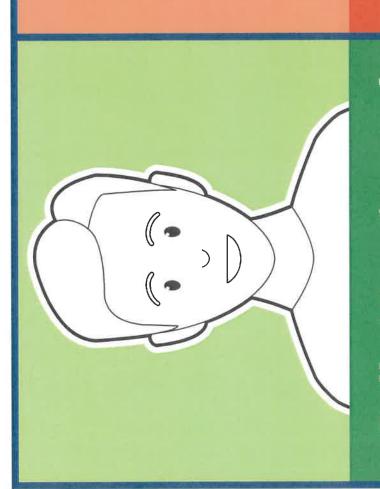
PLEASE STOP AND CONFIRM THAT YOU HAVE ASKED YOURSELF ALL OF THESE QUESTIONS BEFORE ENTERING THE WORKPLACE:

- 1. Have I been in close contact with a confirmed case of COVID-19?
- 2. Do I have a fever of 100 degrees Fahrenheit (100.0° F) or above (please take your own temperature every morning at home, and if you are unable to do so, we have touchless thermometers available at each work site) or have I felt feverish (chills, clammy) in the last 72 hours?
- 3. Am I experiencing any new respiratory symptoms including congestion, runny nose, sore throat, cough, or shortness of breath/difficulty breathing?
- 4. Am I experiencing any new headache, muscle or body aches or chills?
- 5. Am I experiencing nausea, vomiting, or diarrhea?
- 6. Am I experiencing any new change in my sense of taste or smell?
- 7. Am I experiencing new fatigue?

If you are not feeling well, we ask that you refrain from entering the building and instead make use of our online services which can be found at www.merrimacknh.gov or call 424-2331 for assistance.

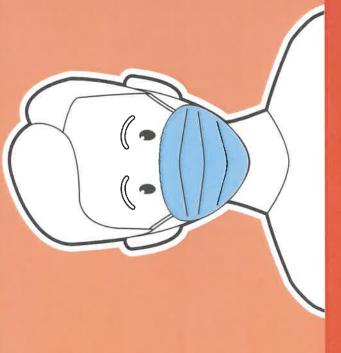
MASKS optional for those who are fully vaccinated.

Thank You For Following CDC Guidelines



Fully Vaccinated

Face Coverings Not Required



Not-Vaccinated

Face Coverings Required