

Mono County COVID-19 Overnight Rental Guest Registration Questionnaire

Guest Contact Information:

Name of primary responsible guest: _____

Phone number: _____ Vehicle License Plate #: _____

Email address: _____

Date of arrival: _____ Length of stay: _____ No. of people in party: _____

Please answer the following questions: (See definitions below)

1. What is your purpose for staying in / traveling through Mono County?

Essential employment – Employer & Job Site: _____

Supervisor name/phone: _____

Guest stays for 31 days or more: Must provide lease agreement or other documentation.

Displaced due to COVID-19 quarantine – displacement reason: _____

Home address: _____

Quarantine lodging: Must provide written documentation from medical provider.

Home address: _____

Stranded traveler or homeless situation: Must provide documentation of vehicle breakdown.

Home address (if applicable): _____

Residence Other _____

2. Have you traveled to Mono County from out-of-state?

Yes No

If yes, list state and driver's license/ID number: _____

Definitions & Documentation:

Essential employment	This is intended for essential workers performing functions that are essential to maintain continuity of operations for critical infrastructure, as listed in the Essential Workers List. Lodging owner or operator must collect the following documentation: employer name and supervisor name/phone number, proof of their profession, their official essential business within Mono County and what job site(s) they will be at during the restrictions. The purpose for the visit must be a verifiable business purpose and may be investigated by County Staff. See https://webapps.mono.ca.gov/COVIDDocs//PublicResources/County%20Administrator%20Memo%20-%20Essential%20Businesses.pdf
Stays for more than 31 days or more	A lease or proof showing occupancy for thirty-one days or more, including dates of stay, lease rate and signatures of operator as well as occupant are required. Mono County staff may follow up with additional questions on the lease.
Displaced due to COVID-19 quarantine	This is intended for residents of Mono County who find themselves unable to occupy their residence because a person at their place of residence must isolate or quarantine, or is at higher risk of serious illness. Lodging owner or operator must obtain the address previously used by the occupant and the reason they may no longer occupy their residence. Occupants traveling from other regions are in violation of the Stay at Home Order and those requests must be denied.
Quarantine lodging	This is intended for residents of Mono County required to isolate or quarantine. Lodging owner or operator must obtain from the occupant a written determination from the occupant's medical provider or Mono County Public Health, that they are required to isolate or quarantine. Occupants traveling from other regions are in violation of the Stay Home Order and those requests must be denied. Lodging owners or operators are responsible for ensuring guests do not leave their room, apartment or house for any reason, including food and drink.
Stranded traveler/homeless	This is intended for persons who experience a non-injury accident, vehicle breakdown, driver fatigue, impassable roads or a homeless situation within Mono County. For stranded travelers, the lodging owner or operator should obtain the address previously used by the occupant.
Residence	This is intended for property owners visiting their units during the restriction period. Please visit responsibly and only with members of the immediate household.
Out-of-state traveler	This is intended for residents who are coming to Mono County from outside the State of California. Lodging owner or operator must obtain written documentation that occupants are residents of another state other than California.

Signatures required on back

Guest Certification: Please read and initial statement 1 OR statement 2, as well as statement 3, below, and then sign the form.

_____ (For in-state reservations) I hereby certify that my party's purpose for staying in an overnight rental falls into one of the legitimate categories defined by the State/County Public Health Officer's orders and that our purpose is **not** for recreation, leisure, or general travel. I understand the lodging property and/or Mono County may verify my information.

_____ (For out-of-state non-essential travel) I hereby certify that my reservation meets the 14-day minimum time period required for quarantine and that I/my party will quarantine in this lodging until after that time period has expired. I also acknowledge that while quarantining, I/my party will not leave the room, apartment or house in which we are quarantining.

_____ (All) I hereby certify that I understand that if I/my party violate(s) any State/County public health order or the regulations of this lodging facility related to COVID-19 protections, including maintaining social distancing and not congregating with other guests, then the lodging management is required to evict me immediately, without creating an unsafe condition, by order of the Mono County Public Health Officer.

By signing below the guest is foregoing that the information provided is true and correct under penalty of perjury.

Signature

Date

Business Operator/Employee Information & Certification: *Please complete the section below and sign*

Name of Business: _____ TOT Lic #: _____

Address: _____

_____ I have obtained all of the required documentation to verify this guest's exemption from the Regional Stay At Home Order.

Signature (Rental Property Owner/Employee)

Date