

**TOWN OF TRENTON**  
**TOWN MEETING ATTENDANCE**  
**Application & Self-Declaration Form**



**Personal Information** \*All fields are required to allow for contract tracing if necessary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Requesting to Attend**

Meeting Date: \_\_\_\_\_

Town Council

Committee of the Whole

**Health Screening**

Have you or anyone living with you been diagnosed with COVID-19?  YES  
 NO

In the 14 days prior to the meeting date below, have you or are you currently showing symptoms of COVID-19?  YES  
 NO

In the 14 days prior to the meeting date below, have you had close contact with a person diagnosed or showing symptoms of COVID-19?  YES  
 NO

In the 14 days prior to the meeting date below, have you travelled anywhere outside of the Atlantic Provinces?  YES  
 NO

**Meeting Protocols**

An approval notice from the Town of Trenton is required for access to the meeting requested above. If approval is granted, you will be required to adhere to the following protocols:

Face masks must be worn when entering/exiting Town Hall, in the hallways, stairway & travelling to/from your seat. Once seated, you are permitted to remove your mask.

Please respect physical distancing precautions: seating has been placed to allow for 6 feet distance.

Hand sanitizer is available for use at Town Hall in the lobby as well as the Council Chambers. Please use before and after the meeting.

***I declare that the information given on this form is complete, correct and fully discloses everything concerning my eligibility to attend a Town meeting.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**