

CITY OF RANCHO CUCAMONGA AND
RANCHO CUCAMONGA FIRE PROTECTION DISTRICT

COVID-19 PREVENTION PROGRAM

I, _____, acknowledge that I have read and received a copy of the
Print Your Full Name Above

COVID-19 Prevention Program, 2/13/2023 update. I acknowledge and certify that I have signed this document with full knowledge and understanding of its contents, and I agree to follow this Program.

Sign Your Name Here

Date