

# TRAVEL PERMIT

I, \_\_\_\_\_, request permission to travel outside of my residence in Elim, Alaska for the following reason(s).

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Destination: ( ) Nome ( ) Anchorage ( ) other \_\_\_\_\_

Address at Destination: \_\_\_\_\_

Additional Information (if needed):

Special Instructions (if any):

I, the undersigned, being given permission to go to the above location(s), do understand that I am to travel only to the location(s) listed above. I understand I must contact Paul Nagaruk- Acting Mayor-City of Elim (COE), Robert Keith- President of Native Village of Elim (NVE) or Eric Daniels-Elim Native Corporation (ENC) President no later than the next working day upon my return to my area of residence. I further understand that I will be required to self-quarantine for 14 days upon my return to Elim if I have gone Out of the Region or if there are reported cases in Nome or Unalakleet.

Signature

Printed Name

Date

Permission to Travel Granted By: \_\_\_\_\_

Circle one

Paul Nagaruk - COE    Robert Keith - NVE    Eric Daniels – ENC  
[cityofelim@yahoo.com](mailto:cityofelim@yahoo.com) - [angelraq.keith@gmail.com](mailto:angelraq.keith@gmail.com) - [elimnativecorp@gmail.com](mailto:elimnativecorp@gmail.com)

Contact Numbers

907-880-1088            907-890-2269            907-434-2113

Fax#'s 907-890-3811 – 907-890-3738 – 907-890-3091

Elim Clinic

staff \_\_\_\_\_

Initials

907-890-2253

URGENT