



Date : _____
TO : THE ADMINISTRATION OF PACIFIC REGENCY
RE : REQUEST FOR MINOR REPAIR WORKS/HOME SERVICES

I/We, _____, owner/s of Unit _____ at Pacific Regency, request your office to allow the _____ (name of personnel) of _____ (name of company) to enter my/our unit on _____ (date).

I/we are aware that the Administration is imposing policy on minor repair works/home services in relation to the General Community Quarantine. However, I/we are making this special request for the purpose _____.

I/we undertake to submit to the rules being imposed in the building due to COVID-19 situation. I/we am/are also taking full responsibility/liability for the damages/consequences in case I/we violate the said rules or any of us is found to be a carrier of the virus. I/we are also guaranteeing the truthfulness of the statements found below as declared by my tenant/s.

Printed Name and Signature of Owner

SELF-DECLARATION OF SERVICE PERSONNEL

IMPORTANT REMINDER – Accomplish this form honestly and completely to facilitate our screening procedure. Anyone found giving false information is liable and punishable in accordance with the Philippine laws.

Personal Data:

Name: _____
Last Name First Name Middle Name
Sex: _____ Age: _____ Nationality: _____ Civil Status: _____
Address: _____
Tel/Mobile No. _____
Occupation: Works in a Hospital, clinic or nursing home _____
Others (Specify): _____

Travel History:

Were you out of the country within the past two (2) weeks: Yes _____ No _____
If yes, where? _____
Arrival Date: _____ Port of Origin: _____ Flt #: _____ Seat #: _____
Have you been in contact with anyone who has been in a country with known positive COVID-19 cases?
Yes _____ No _____ If yes, when? _____
Have you been in contact directly or indirectly with anyone who is a symptomatic/PUM/PUI? Yes _____ No _____
Where were you in the past two (2) weeks (within Philippines) _____

Please check if you have any of the following at present or during the past 14 days:

[] Fever [] Difficulty of Breathing
[] Cough and/ or Cold [] Others (Specify) : _____

YES NO
Did you visit any health worker, hospital, clinic or nursing home? [] []
Did you visit any poultry farm or animal market? [] []
Were you confined in a hospital? [] []
Did you take anti-fever medication during the last 4-6 hours? [] []

Signature over printed name of declarant

For inquiries please contact Pacific Regency:
thepacificregencyofficial@gmail.com; (02) 8567-1943