



## GA-29 Exemption Form Application

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

County: \_\_\_\_\_

I do hereby attest that \_\_\_\_\_ county has 30 or fewer new COVID-19 cases over the previous 14 day period.

On behalf of \_\_\_\_\_ county, I am requesting to opt out of Texas Executive Order GA-29.

I understand that if the county exceeds 30 new cases during the previous 14 day period then the county will be required to comply with all aspects of GA-29. After a 14 day waiting period, if the county has fewer than 30 new COVID-19 cases during the previous 14 day period I am eligible to reapply for exemption.

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

Title: \_\_\_\_\_

County: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_