

**HEALTH CARE PROVIDER INFORMATION**  
**TENANT COVID-19 NOTICE FOR POSTPONEMENT OF LOCK OUT BECAUSE OF**  
**GOVERNOR DUCEY'S EXECUTIVE ORDER 2020-49**

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

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

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

Tenant Phone/Fax/Email: \_\_\_\_\_

**TO HEALTH CARE PROVIDER**

Please assist me in providing available supporting documentation to my landlord/property manager required by Governor Ducey's Executive Order dated July 16, 2020, to postpone lockouts resulting from eviction actions in Arizona. Please check the applicable box(es) below which justify the postponement of my lockout by the constable because of COVID-19.

- I have been diagnosed with COVID-19 and must be quarantined.
- I have been ordered to self-quarantine by a medical professional based on a demonstration of symptoms defined by the Centers for Disease Control.
- I must be quarantined because Someone in my household has been diagnosed with COVID-19 and must be quarantined.
- I have a health condition, as defined by the Centers for Disease Control that makes me more at risk for COVID-19 than the average person.

**HEALTH CARE PROVIDER INFORMATION:**

**Medical Office/Provider Name:** \_\_\_\_\_

**Address of Health Care Professional:** \_\_\_\_\_

**Phone/Fax/Email Information:** \_\_\_\_\_

**Signature of Health Care Professional:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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- This notice was sent by regular mail on: \_\_\_\_\_
  - This notice was sent by Certified Mail/Return receipt requested – tracking number: \_\_\_\_\_
  - This notice was emailed/texted to (name, email address, phone number): \_\_\_\_\_
  - This notice was hand-delivered on \_\_\_\_\_ to (name/title) \_\_\_\_\_

**KEEP SEVERAL COPIES OF THIS COMPLETED NOTICE FOR YOUR RECORDS**