



COVID-19 PREVENTION MEASURES FOR SHOWN UNITS

Property Information: River Quarry Apartments located at 1618 So. Loggers Pond Place in Boise, ID 83706

Units Shown: _____

Prospective Resident(s): _____

Due to the COVID-19 pandemic, both state and local health orders require that certain steps be taken when a rental unit is shown in person. We ask that you carefully review and follow the guidelines set forth below. Your cooperation in following the guidelines set forth in this document will help reduce the risk of transmission of the virus that causes COVID-19 illness.

- Prospective Resident(s) confirms that they have not been in close contact with anyone who has been confirmed positive for COVID-19 within the last 14 days.
- Prospective Resident(s) confirms they have not had any of the following symptoms:
 - Fever, cough, shortness of breath, sore throat, muscle pain or chills.
- No more than two visitors at a time residing within the same household or living unit, and on individual showing the unit, will be allowed in the shown unit at a time unless otherwise allowed by local health order.
- Non-medical face coverings, such as cloth masks, are strongly recommended.
- Wash your hands or use hand sanitizer before entering the unit and after the showing.
- If you sneeze and/or cough, do so into a cloth or tissue or, if not available, into your elbow.
- Do not shake hands or engage in any unnecessary physical contact.
- Maintain physical distancing during the showing and refrain touching from appliances, countertops, doorknobs, faucets, toilets and toilet handles, light switches, handles and pulls, thermostats, switchboxes, window locks and sashes, and other such items.

Efforts, such as routine cleaning, are being made to reduce the risk of transmission of the virus that causes the COVID-19 illness, in accordance state and local health orders, be advised that River Quarry Apartments makes no representation that the property is 'virus free'. It is possible you could be exposed to the virus that causes the COVID-19 illness while visiting the premises.

By signing this document, you agree that you have read and understood the contents of the document and agree to the following guidelines set forth herein.

Date	Signature	Date	Signature
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