



EPA Masks Point of Distribution
City of Pompano Beach
Utilities Department
1205 NE 5th Avenue
Pompano Beach, FL 33060

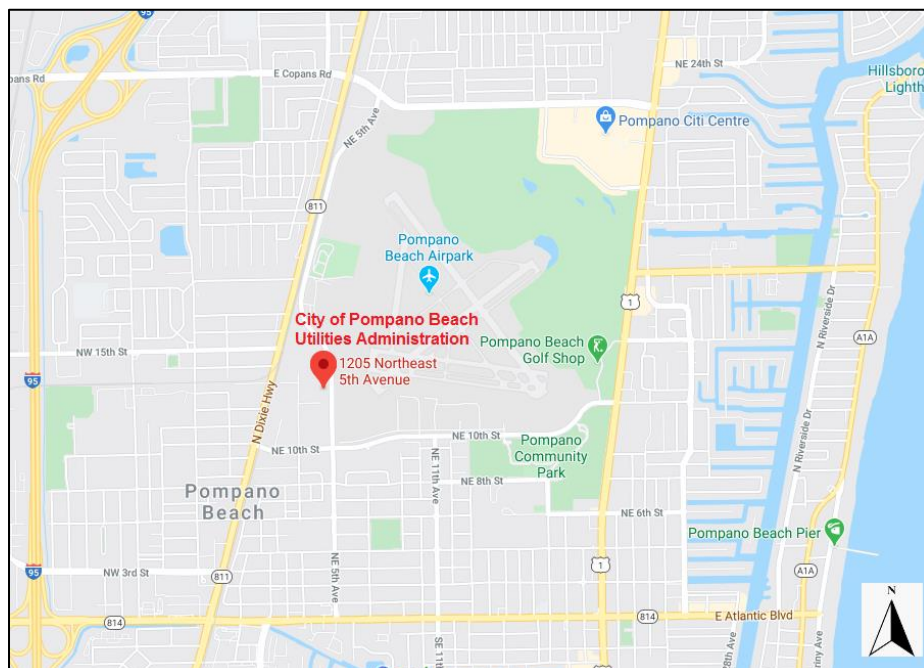
Please note that only **five (5)** masks are allowed per Utility employee. The utility representative coming onsite should adhere to the Centers for Disease Control and Prevention (CDC) guidelines, which includes but is not limited to wearing masks and maintaining social distancing. Proper identification is required to enter the facility and a copy of the identification will be kept on file. Requests will be filled in the order that they are received until the supply is exhausted. If additional supplies are acquired later, we will resume with the next order to be filled on the list.

Please fill out the attached form with the following information and email it to fumiko.ojiro@copbfl.com with "Masks" in the subject line prior to visiting our facility.

1. Quantity Requested
2. Utility Name
3. Address
4. PWSID/NPDES Permit #2
5. Utility Type (W/WW)
6. Utility Size / Number of Employees
7. Utility Contact
8. Phone Number
9. Email Address
10. Name(s) of Pickup Personnel

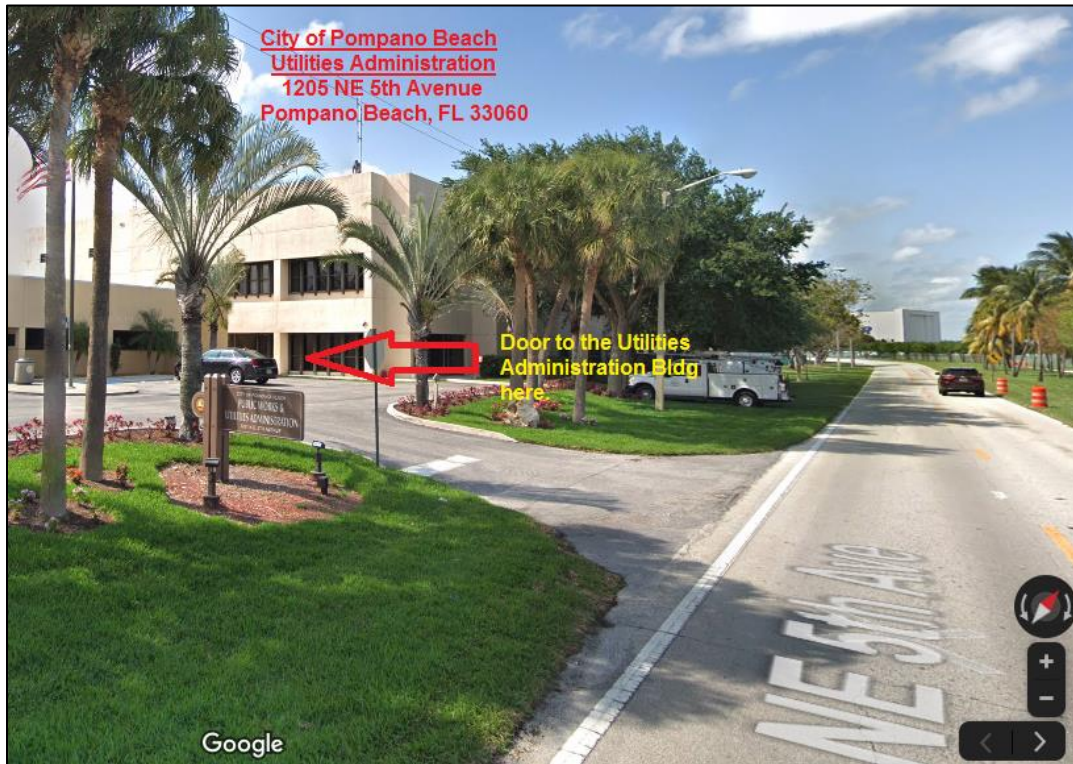
Pick up time will be between 8:00 AM and 3:00 PM, Monday through Friday unless previously arranged.

Directions to the City of Pompano Beach Utilities Administration Building:



When approaching from north (E. Copans Road) or south (NE 10th Street) on NE 5th Avenue, look for the “Public Works & Utilities Administration” sign. Please park in any available parking spot. Overflow parking is available on the east side of NE 5th Avenue.

Our building is on the north side of the parking lot. Please ring the bell for service.



If you have any questions, please call Tammy Anderson at (954) 545-7016 between 8:00 AM and 3:00 PM, Monday through Friday.

Disclaimer:

The City of Pompano Beach is a distributor for EPA's reusable mask distribution program only. We do not make any claims or warranties of the performance of these masks.

EPA Masks Request Form

Please fill out and send this form to fumiko.ojiro@copbfl.com.

Quantity Requested	
Utility Name	
Address	
PWSID/NPDES Permit #2	
Utility Type (W/WW)	
Utility Size / # of Employees	
Utility Contact	
Phone Number	
Email Address	
Name(s) of Pickup Personnel	

Signature

Date

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