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CITY OF UTICA

URBAN RENEWAL AGENCY

Self-Declaration Form – For In-Person Showing

Please Complete This Form In Its Entirety and return to Utica Urban Renewal Agency

Email to gallen@cityofutica.com

Date _____ Time _____

Name: (First, MI, Last) _____

Address (physical) _____

Mailing Address (if different) _____

Email and Phone Number _____

URA House viewed _____

Please answer the following questions Yes or No	No	Yes
Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?		
Have you tested positive for COVID-19 in the past 14 days?		
Have you experienced any symptoms of COVID-19 in the past 14 days - fever, chills cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, congestion, runny nose, nausea, vomiting, diarrhea, new loos of taste, sore throat?		
Have you travelled outside New York State or outside the country in the past 14 days? If you have, please list		
Have you visited a hospital/nursing facility within the last 14 days?		

If you answer YES to any question you will not be able to enter the building and will need to view the property on-line to submit an application

Signature: _____

This section for Department use only

Department Signature _____ Print Name & Title _____ Date _____ Time _____