

## Agreement Form

Dear Mayor of Taketomi Town,

I agree to immediately contact the Taketomi Town office seeing signs of sickness such as fever or coughing within 3 days after check-out.

In case it is not possible to make contact myself, I ask someone to contact for me.

I also agree to cooperate with all precautionary measures of COVID19 made by Taketomi Town.

Check-in date \_\_\_\_\_

Check-out date \_\_\_\_\_

Name \_\_\_\_\_

Reception hours

(Mon-Fri) 9:00~12:00 13:00~17:00

We are closed on weekends and public holidays.

Contact phone number +81-980-83-1306

E-mail address [sekaiisan@town.taketomi.okinawa.jp](mailto:sekaiisan@town.taketomi.okinawa.jp)

Ex) If you stay in Taketomi Town from 6/1 – 6/3

→Then you have a fever or coughing during 6/3 – 6/5, you need contact us.

We will dispose of this agreement document two weeks after your check-out.