



MAIRIE de LA SAUVETAT - DU - DROPT 47800

Département de LOT-ET-GARONNE

Tél : 05.53.83.03.27.

mairie.sauvetatdudropt@orange.fr

www.la-sauvetat-du-dropt.fr

Mesdames, Messieurs,

Following the previous mail from the municipality about the distribution of the masks, we let you know that masks are available **for free** at the secretariat of the City Hall :

From Monday to Friday : - from 1.30 pm to 5.30 pm

To be able to collect your masks, you must present this letter, the attached 'Statement for the Dispensing of Masks' duly completed and a form of proof of identity.

We remind you that the use of this type of mask constitutes an act of collective protection which makes it possible to avoid the spread of airborne droplets and comes in addition to the essential hygiene recommendations. **It is in no way a protection against the Covid19 virus.**

Le Maire, Jean-Luc GARDEAU

Statement for the Dispensing of Masks by the Mairie in La Sauvetat du Dropt

I, the undersigned

Name	
Address	
Number of people in the household : first name, age	
1	2

certify that I am aware of the recommendations relating to the use of the masks designated as « for use by the general public » and have noted that they constitute an act of collective protection which prevents the spread of airborne droplets and comes as a compliment to hygiene recommendations. It is in no way a protection against the Covid19 virus. For this reason, the municipality will not be liable for any contamination from Covid19 to one or several members in my home by virtue of the use of the masks distributed via the Mairie and made available to us without charge.

I have today received the allocation of _____ masques for the total number in my home

Completed in, on [DATE]

Signature

In addition, I wish to receive information from the municipality distributed by the La Sauvetat du Dropt Mairie and authorise the use of my email address from today.

In accordance with the current regulations, I have the right of access at any access at any time, to corrections or removal relating to my email address.

Authorisation for the use of my email address for the forwarding of municipal information by the Mairie in La Sauvetat du Dropt (47800)

I, the undersigned,

Name, First Name

Authorise the Mairie in La Sauvetat du Dropt to send me information by email

Phone

Email Address

Completed in La Sauvetat du Dropt, on [DATE]

Signature

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