



## **CITY OF BURBANK COVID-19 EMPLOYEE VACCINATION POLICY RELIGIOUS EXEMPTION REQUEST FORM**

Name:	
Board, Commission, or Committee:	
Contact number and email:	
Date:	

By submitting this form, I understand that I am requesting a religious exemption from the City's COVID-19 Employee Vaccination Policy.

I certify that I have a sincerely held religious belief, practice, or observance that prevents me from receiving a COVID-19 vaccination. I also certify that I am being accurate and truthful in stating that I have such religious belief, practice, or observance.

---

Board, Commission, or Committee Member signature

Date