

# OFFICE OF THE PRESIDENT

MINISTRY OF THE INTERIOR AND CO ORDINATION OF NATIONAL GOVERNMENT

TELEPHONE .....

FAX:

E-MAIL

When Replying Please Quote;

REF:



OFFICE OF THE CHIEF,  
..... LOCATION,

P.O BOX .....,

N.....

Date: \_\_\_\_\_

## TO WHOM IT MAY CONCERN

Dear Sir/Madam,

**REF: INTER COUNTY TRAVEL FORM**

### ESSENTIAL SERVICES

1. Food stuffs

2. Hardware

3. ....

4. ....

*For the transport services being exempted under rule 4 (1) of the Public Health (COVID-19 Restriction of Movement of Persons and Related Measures) Rules, 2021.*

Employer/Company name..... Contact person ..... Tel:.....

Vehicle body type ..... Reg No..... color .....

Full Name of driver..... ID No ..... Tel:.....

Full name of co-driver..... ID No ..... Tel:.....

County of origin..... Destination .....

Purpose of the trip.....

Route .....

Nature of cargo.....

Travel hours .....

*Signature/stamp*

**CHIEF**

**..... LOCATION**