

**COMPANY LOGO/LETTERHEAD**

[DATE]

Reference: COVID-19

To Whom It May Concern:

This letter serves to confirm that the individual is a \*MSP NAME\* employee. \*MSP NAME\* is an "Industry/Service provider" that provides "List Service" to essential services and businesses. In compliance with the City/County of Hall County executive order \*ORDER\*, section \*SECTION\*, \*MSP\* is a business that supplies "other essential businesses with the support or supplies necessary to operate."

This individual will need to move between his or her home, our main office at the address above, and essential businesses which are our clients. Our employees are instructed to observe social distancing rules of 6 feet of separation when at client sites. This employee can display their identification badge upon request to confirm their employment.

If you require additional confirmation of employment, or information, please contact me directly at \*NUMBER\*

Thank you,

[COMPANY CONTACT NAME]

[COMPANY CONTACT INFO]