



**EPA Masks Point of Distribution**  
**City of Palm Coast**  
**Utility Department**  
**2 Utility Drive**  
**Palm Coast, FL 32137**

Please note that only **five (5)** masks are allowed per Utility employee. The utility representative coming onsite should adhere to the Centers for Disease Control and Prevention (CDC) guidelines, which includes but is not limited to wearing masks and maintaining social distancing. Proper identification is required to enter the facility and a copy of the identification will be kept on file. Requests will be filled in the order that they are received until the supply is exhausted. If additional supplies are acquired later, we will resume with the next order to be filled on the list.

Please fill out the attached form with the following information and email it to [ghopkins@palmcoastgov.com](mailto:ghopkins@palmcoastgov.com) with "Masks" in the subject line prior to visiting our facility.

1. Quantity Requested
2. Utility Name
3. Address
4. PWSID/NPDES Permit #2
5. Utility Type (Water/WasteWater)
6. Utility Size / Number of Employees
7. Utility Contact
8. Phone Number
9. Email Address
10. Name(s) of Pickup Personnel

Pick up time will be between 9:00 AM and 4:00 PM, Monday through Friday unless previously arranged.

Directions to the City of Palm Coast Utilities Office:

From I-95 Exit 289 head East approximately 0.5 miles to Old Kings Road and turn right. Continue approximately 0.6 miles and then turn left onto Utility Drive. Address is 2 Utility Drive and will be the first building on the right.

If you have any questions, please call Garann Hopkins at (386) 986-2511 between 9:00 AM and 4:00 PM, Monday through Friday.

*Disclaimer:*

*The City of Palm Coast is a distributor for EPA's reusable mask distribution program only. We do not make any claims or warranties of the performance of these masks.*

## EPA Masks Request Form

Please fill out and send this form to [ghopkins@palmcoastgov.com](mailto:ghopkins@palmcoastgov.com).

<b>Quantity Requested</b>	
<b>Utility Name</b>	
<b>Address</b>	
<b>PWSID/NPDES Permit #2</b>	
<b>Utility Type (W/WW)</b>	
<b>Utility Size / # of Employees</b>	
<b>Utility Contact</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Name(s) of Pickup Personnel</b>	

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**Signature**

**Date**

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