



City of Sunnyvale
Business Occupancy Resumption Program

ADDITIONAL ATTACHMENTS

[As many attachments as needed to fulfill requirements on forms A-D; Please provide a brief description of each.]

Attachment #1: _____

Attachment #2: _____

Attachment #3: _____

Attachment #4: _____

Attachment #5: _____

Attachment #6: _____

Attachment #7: _____

Attachment #8: _____

Attachment #9: _____

Attachment #10: _____

Attachment #11: _____

Attachment #12: _____

Attachment #13: _____

Attachment #14: _____