



OPT-OUT WAIVER

200 N. 12th Street • West Columbia, SC 29169 • (803) 939-8601 • facemasks@westcolumbiasc.gov

Business Name: _____

Address: _____

Person Responsible/Owner Name: _____

Phone: _____ Email: _____

Brief Description of Business: _____

I, _____, certify that _____ can
Print Name *Business Name*

effectively social distance customers and employees without the use of face coverings
and opt-out of the Emergency Face Covering Ordinance.

Signature/Title: _____ Date: _____

Please submit form to:

West Columbia City Hall
Attn: Face Mask Waiver
200 N. 12th Street
West Columbia, SC 29169

or email it to:

facemasks@westcolumbiasc.gov

Once the waiver is received, you will receive a placard acknowledging receipt of registration.
Please display the placard in the front window/door of your business.