**GSA Site Inspection Waiver**

522 Minnesota Avenue NW 56601

GSA Control Number: 1-G-MN-604

**Inspections will be made by appointment to registered bidders only and after receipt of signed COVID19 waiver.**

Scheduled Inspection date and time: *9/16/20 & 9/29/20, 9:00 am-5:00 pm.*

Interested parties are encouraged to view the video, 3D model, pictures and the floors plans on [https://realestatesales.gov/gsaauctions/gsaauctions/](https://insite.gsa.gov/) to determine their interest in the property.

The inspection is for registered bidders only. You may have a maximum of 6 people attend the inspection. Each person in your group shall be required to wear gloves and a mask or other cloth material that covers their mouth and nose at all times while on the premises. Entry to the property shall be denied to those who refuse to comply. Bringing a flashlight is recommended but not required. Walk through will be limited to 30 minutes.

**Note: The inspection is subject to cancellation or re-scheduling based on local and state health advisories**.

Attendees and/or their assigns must self-certify that they do not pose a health risk.

I certify that I and anyone entering the premises in my group:

* Does not have a cough, shortness of breath or difficulty breathing
* Has not had a fever now or in the past 21 days.
* Has not come in contact with any confirmed COVID-19 positive patients in the last 14 days.
* Are not experiencing other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue.
* Has not experienced recent loss of taste or smell.
* Has followed the guidelines for quarantining when traveling in the past 14 days to any regions affected by COVID-19 that are restricted by the State of Minnesota.

The undersigned acknowledges that they are inspecting the property at their own risk. The undersigned waives all rights or claims of any kind against the Federal government under state or Federal law for personal or property damages that may be incurred while inspecting the property. The undersigned agrees to hold the Federal government harmless for any claims or damages.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending the inspection will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Identification required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This form must be submitted in advance to: [lawanda.maryland@gsa.gov](mailto:lawanda.maryland@gsa.gov) or faxed to (617) 565-5720.