



CITY OF LAREDO

Laredo Bridge Department

BRIDGE CLOSURE REQUEST FORM

Address: City: State: Zip: Person initiating request (print): Title: Bridge Closure: Date:	Name of Organization/Department:		
City:	Address:	7:	
Title: Bridge Closure: Date:	City: Sta	Zip:	
Bridge Closure: Date: Time: to	Title:		
Date:	Rridge Closure		
Location: Bridge 1 () Bridge 2 () Bridge 3 () Bridge 4 () Southbound () Northbound () Both () Purpose of Request: *CONTACT PERSON OVERSEING THE EVENT * Name (print): Phone: Phone: Liability and Indemnity Agency or Organization shall be liable for any damages, loss, or injury arising from its use or occupancy of the Premises and shall indemnify and hold The City of Laredo harmless from all claims, costs, or liabilities resulting therefrom, except to the extend caused by The City of Laredo negligence or willful misconduct. This form must be submitted sixty (60) days prior to the date of the request. The completion of this form does not mean your request has been approved. Approval of this request will be based on department policy, procedures, and availability. FOR OFFICE USE ONLY APPROVED () DENIED () SIGNATURE: DATE: COMMENTS: Has bridge location been requested by another entity for the same day/time? Yes No If yes, please make a copy and attach for director's review.	_	to	
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