CITY OF LAREDO

Laredo Bridge Department

BRIDGE CLOSURE REQUEST FORM

Name of Organization/Department: _____
Address: _____
City: _____ State: _____Zip: _____
Person initiating request (print): _____
Title: _____
Bridge Closure:
Date: _____ Time: _____ to _____
Location: Bridge 1 ( ) Bridge 2 ( ) Bridge 3 ( ) Bridge 4 ( )
Southbound ( ) Northbound ( ) Both ( )
Purpose of Request: _____
_____

*** CONTACT PERSON OVERSEEING THE EVENT ***

Name (print): _____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.

Bridge Director Signature: _____ Date: _____