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| **SECTION 1: FERRY INFORMATION** |
| **FERRY NAME** | **CLOSURE DATE** | **TOTAL HOURS OF CLOSURE** |
|       |       |       |
| **SECTION 2: OPERATOR INFORMATION** |
| **OPERATOR NAME** |
|        |
| **CONTACT NAME** | **POSITION TITLE** |
|        |        |
| **SECTION 3: CLOSURE INFORMATION** |
| **TIME INITIATED** | **WEATHER REASON FOR CLOSURE** | **TIME RESUMED***(if applicable)* |
|       |  |  | [ ]  | High Wind | [ ]  | Heavy Snow | [ ]  | Ice | [ ]  | Other (Specify below.) |       |  |
|  | [ ]  | High Water | [ ]  | Low Water | [ ]  | Fog |  |
|  [ ]  Ferry was closed the entire day due to adverse weather conditions. |
| Provide details of adverse weather conditions: |        | **PILOT INITIATING CLOSURE** |
| **PRINTED NAME** |
|        |
| **SECTION 4: RECLOSURE INFORMATION** *(if applicable)* |
| **TIME INITIATED** | **WEATHER REASON FOR RECLOSURE** | **TIME RESUMED***(if applicable)* |
|       |  |  | [ ]  | High Wind | [ ]  | Heavy Snow | [ ]  | Ice | [ ]  | Other (Specify below.) |       |  |
|  | [ ]  | High Water | [ ]  | Low Water | [ ]  | Fog |  |
| Provide details of adverse weather conditions: |        | **PILOT INITIATING RECLOSURE** |
| **PRINTED NAME** |
|        |
| **SECTION 5: CERTIFICATION AND SIGNATURES** |
| *Based on the above closure information, it was necessary for the safety of employees and travelers to temporarily cease operation of the ferry on the date noted above, until such circumstances resolved. We request that adverse weather payments be issued for this certificate.* |
| **PILOT SIGNATURE** | **DATE** | **COUNTY JUDGE EXECUTIVE OR FERRY AUTHORITY CHAIR SIGNATURE** | **DATE** |
|  |  |  |  |
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