



DAILY ADVERSE WEATHER FERRY CLOSURE CERTIFICATION

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 <i>(if applicable)</i>
	<input type="checkbox"/> High Wind <input type="checkbox"/> Heavy Snow <input type="checkbox"/> Ice <input type="checkbox"/> Other (Specify below.) <input type="checkbox"/> High Water <input type="checkbox"/> Low Water <input type="checkbox"/> 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 <i>(if applicable)</i>
	<input type="checkbox"/> High Wind <input type="checkbox"/> Heavy Snow <input type="checkbox"/> Ice <input type="checkbox"/> Other (Specify below.) <input type="checkbox"/> High Water <input type="checkbox"/> Low Water <input type="checkbox"/> 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