



**DAILY ADVERSE WEATHER FERRY CLOSURE CERTIFICATION**

**SECTION 1: FERRY INFORMATION**

FERRY NAME	CLOSURE DATE	TOTAL HOURS OF CLOSURE

**SECTION 2: OPERATOR INFORMATION**

<b>OPERATOR NAME</b>	
<b>CONTACT NAME</b>	<b>POSITION TITLE</b>

**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:	<b>PILOT INITIATING CLOSURE</b>
	<b>PRINTED NAME</b>

**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:	<b>PILOT INITIATING RECLOSURE</b>
	<b>PRINTED NAME</b>

**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