

State of New York

Lake Champlain (Crown Point) Bridge Closure

Impact Statement

Name of Individual / Organization / Entity

Point of Contact

Address _____

City/Town _____ State _____

Daytime Phone Number _____ Mobile _____

Email address _____

Impact indefinite closure of Lake Champlain Bridge (Please check appropriate area[s] of concern and provide explanation):

Agricultural

Explain

Commercial

Explain

Commute

Explain

Emergency Services

Explain

(over)

Employment

Explain

Name of Individual / Organization / Entity

Point of Contact

Financial

Explain

Address

City/Town

State

Device Phone Number

Mobile

Email Address

Medical

Explain

Impact Inhabits (own of Lake Champlain Bridge) (Please check appropriate area) of and provide explanation.

Agricultural

Explain

Other

Explain

Commercial

Explain

Additional Comments:

Comments

Explain

Submit to: New York State Emergency Management Office
1220 Washington Avenue
Building 22, Suite 101
Albany, NY 12226-2251

Fax: 518.322.4978
Email: postmaster@semo.state.ny.us

Emergency Services

Explain