



Port of HOOD RIVER

Hood River–White Salmon Interstate Bridge Lift Request

To request a bridge lift, please complete this form and return it to info@portofhoodriver.com. You may also mail or deliver it to the Port Office at 1000 E. Port Marina Dr., Hood River, OR 97031.

For urgent matters or lift requests made after business hours or on weekends, please call (541) 490-3092.

Federal regulations require at least 12 hours' advance notice for a bridge opening. Port staff will acknowledge your request as soon as reasonably practicable. Vessels should arrive at the requested lift time within a 30-minute margin.

Under 33 CFR §117.11, vessel operators must lower all lowerable, nonstructural vessel appurtenances that are not essential to navigation when doing so allows the vessel to safely pass beneath the bridge in the closed position.

Requester Information	
Requester Name:	Date:
Phone:	Email:
Company Information	
Company Name:	Phone:
Address:	
Vessel Information	
Name of Vessel:	Vessel Height / Air Draft:
Type of Vessel:	Length of Vessel:
Registration / Official No.:	Beam of Vessel:
Requested Date for Lift:	Requested Time for Lift:
Direction of Vessel: ☐ West ☐ East	
Lift Operator (Port Use)	
Operator Name:	Title:
Time Opened:	Time Closed:
River Level:	Lift Height:
Actual Date Opened:	Other Vessels:

RETURN TRIP (complete if a return bridge opening will be required)

If the return date and time are not known when this form is submitted, a separate lift request must be submitted once the date and time are known, providing at least 12 hours' advance notice.

Vessel Information	
Requested Lift Date:	Requested Time for Lift:
Direction of Vessel: ☐ West ☐ East	
Lift Operator (Port Use)	
Operator Name:	Title:
Time Opened:	Time Closed:
River Level:	Lift Height:
Actual Date Opened:	Other Vessels:

Requester Remarks

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I certify that the information provided above is accurate and acknowledge the bridge-opening requirements stated on this form.

Requester Signature: _____

Date: _____

Port Use

☐ Request acknowledged

☐ Unable to accommodate as requested — see Staff Remarks

Date/Time response provided to requester: _____

Method: ☐ Email ☐ Phone ☐ Radio ☐ Other: _____

Port Employee: _____

Staff Remarks

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