

# SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: LIFESAVING MEDICAL CARE PATIENT ACCESS

FOR INDIVIDUALS REQUESTING LOW BRIDGE ACCESS TO TRAVEL TO AND FROM LIFESAVING MEDICAL CARE TREATMENT, AS DEFINED BY A HEALTHCARE PROVIDER

- Authorization is only for those trips specifically associated with Life-Saving Medical Care treatment where your healthcare provider determines that extended travel times to and from West Seattle are a detrimental risk to your health.
- Low Bridge Access is not allowed for regular travel, non-urgent exams, routine pregnancy office visits, immunizations, one-time emergencies, or any other non-urgent medical appointments.

### STEPS FOR REQUESTING ACCESS:

- 1: Complete SECTION 1: Applicant Information
- 2: Have your healthcare provider complete SECTION 2: Healthcare Provider Information AND either provide an office stamp or submit a separate, signed authorization on prescription paper or medical office letterhead
- 3: Email Section 1, Section 2, and the signed authorization to [LowBridgeAccess@seattle.gov](mailto:LowBridgeAccess@seattle.gov) (can be a scan or a photograph of documents) or mail to: Traffic permits, ATTN WSB, Seattle Dept. of Transportation, PO Box 34996, Seattle, WA 98124-4996
- 4: **Submitting this form does not mean you have access to the low bridge. You must receive a confirmation from SDOT before you can use the low bridge.**

For questions, if you need assistance in your language, or need help with this form, please contact [LowBridgeAccess@seattle.gov](mailto:LowBridgeAccess@seattle.gov) or 206-400-7511. Please leave a message with your name, contact information, and languages need and someone will get back to you.

## SECTION 1: APPLICANT INFORMATION

<b>PRINT OR TYPE</b> Name <i>(Last, First, Middle Initial)</i>				
Mailing Address <i>(PO Box or street address and apartment number, if applicable)</i>		City	State	ZIP Code
(Area code) Daytime Phone	Email Address			
Healthcare Provider Name (First and Last name of person completing Section 2)		Type of Application New Application Extension of a Previously Approved Application		
Up to two license plates: one for yourself, and one as secondary license plate. <ul style="list-style-type: none"> <li>• <b>Please write your license plate(s) clearly!</b> Double check using your vehicle registration paperwork, especially if you have a specialty license plate. Pay attention to common errors including: 1 (one), I (letter I), 0 (zero), O (letter O), 5 (five), S (letter S), 2 (two) or Z (letter Z).</li> <li>• If you provide an incorrect or illegible license plate number, you may receive multiple citations before we are aware of the issue and you may be responsible for paying all citations.</li> </ul>				
License Plate One	License Plate One State	License Plate Two (if needed)	License Plate Two State	

Date Signed:

By signing, you acknowledge you understand and will comply with the terms and conditions, and privacy statement on the back of this page.

\_\_\_\_\_

**X**

\_\_\_\_\_

Applicant of Authorized Representative Signature

## WEST SEATTLE HIGH-RISE BRIDGE PROJECT

# SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: LIFESAVING MEDICAL CARE PATIENT ACCESS

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### LOW BRIDGE ACCESS TERMS AND CONDITIONS:

- 1: Your healthcare provider will determine if your clinical condition and treatment program warrants use of the Low Bridge while you are going to or returning from medical appointments and treatment. Please do not share any information about your medical condition or treatment on this application.
- 2: This form and a SEPARATE signed authorization from your healthcare provider must be submitted to SDOT by email or mail by the 15th day of the month to secure access for the following month. For example, for access beginning June 1, SDOT must receive your completed forms by May 15.
- 3: Authorization is only for those trips specifically associated with Lifesaving Medical Care treatment where your healthcare provider determines that shorter trips are warranted due to your medical condition.
- 4: Low Bridge Access is not allowed for regular travel, non-urgent exams, routine pregnancy office visits, immunizations, or any other non-urgent medical appointments.
- 5: Your access to the Low Bridge may be discontinued at any time if there is too much traffic on the low bridge or due to other traffic management needs. You will be notified if this is the case.
- 6: A limit may be placed on the number of trips you take on the Low Bridge. Access may be discontinued if you exceed that number of trips.
- 7: Access is granted for 90 days. If the life-saving medical treatment lasts for more than 90 days, a new application form must be filled out and submitted every 90 days to re-enroll in the access program.
- 8: Submitting a complete Life-Saving Medical Care access application does not guarantee you will be provided access to the Low Bridge. Incomplete or inaccurate applications or documentation may result in delays or denial. If you are approved for access, a letter documenting approval will be emailed to you on the 22nd of the month prior to start of access. Please retain the approval letter for your records. You must receive an approval email before you may use the low bridge. If you drive on the low bridge without approval, you will receive a \$75 ticket for every time you drive across it during restricted hours. Restricted hours are 5 AM – 9 PM weekdays and 8AM – 9PM weekends.

### PRIVACY, DATA, AND PUBLIC DISCLOSURE REQUESTS:

SDOT will be logging the number and time of Low Bridge trips made by each authorized license plate number. By requesting access to the Low Bridge, you are consenting to this use of your Low Bridge travel information for monitoring and evaluation purposes. This trip log is also subject to Washington Public Records Act, and may be subject to disclosure to a third-party requester.

Personal information shared with SDOT including your name and license plate number is subject to Washington Public Records Act, and may be subject to disclosure to a third-party requester. At the City of Seattle, we are committed to protecting your privacy and will ensure that any disclosures are done according to law. To learn more about how this information is managed please see our Privacy Statement ([www.seattle.gov/tech/initiatives/privacy/privacy-statement](http://www.seattle.gov/tech/initiatives/privacy/privacy-statement)).



**Seattle**  
Department of  
Transportation

# WEST SEATTLE HIGH-RISE BRIDGE PROJECT

## SPOKANE ST SWING BRIDGE (LOW BRIDGE) APPLICATION FORM: LIFESAVING MEDICAL CARE PATIENT ACCESS

### SECTION 2: HEALTHCARE PROVIDER

DOCTOR, PHYSICIAN, OR REGISTERED NURSE PRACTITIONER FILLS OUT THIS SECTION AFTER APPLICANT FILLS OUT SECTION 1.

#### HEALTHCARE PROVIDER INFORMATION:

In addition to filling out and signing the section below, you must either provide an office/provider stamp on this document **OR** provide a separate signed authorization on office letterhead or prescription paper stating:

- 1: the applicant's name and
- 2: they are receiving life-saving medical treatment for a condition which qualifies them for Low Bridge access privileges.

Please do not share medical information about your patient. Return this form and your signed authorization to the applicant.

PRINT OR TYPE Healthcare Provider's Name <i>(Last, First, Middle Initial)</i>			
Professional Classification		Professional License Number	
Office Address <i>(PO Box or street address and building/suite number, if applicable)</i>		City	State ZIP Code
(Area code) Daytime Phone	Email Address		
Patient's Name <i>(Last, First, Middle Initial)</i>			

#### ANSWER THE FOLLOWING:

My patient is undergoing lifesaving medical treatment and extended travel times to and from West Seattle are a detrimental risk to my patient. Examples of lifesaving medical treatment include, but are not limited to, chemotherapy, radiation dialysis, and blood transfusions at a facility where they are required to travel to or from West Seattle.

I certify that the applicant named above is undergoing lifesaving medical treatment that warrants use of the Lower Spokane Street Swing Bridge (Low Bridge) to travel to and from medical treatment appointments.

I have provided an office/provider stamp **OR** separate signed authorization on letterhead or prescription paper.

STAMP

Date and Place (City/County) Signed:

\_\_\_\_\_

**X**

Provider signs here (MD, DO, ND, ARNP, or CNM)

License Number: \_\_\_\_\_



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