

**ABCD – Susquehanna Chapter
2009/2010 Bridge Awards Submission Form**

Bridge Name _____

Location (i.e. Route, etc.) _____

Crossing _____

Person Submitting _____

Representative of _____

Designer Contractor Fabricator Owner

Check box if you wish to be considered for the CSS Award and provide additional 1 pg. narrative.

Owner Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Contractor Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Fabricator Information

Full Name of Contact Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing Address _____

Designer Information

Full Name of Contract Person _____

Company/Institution Name _____

Daytime Tel. No. _____

Email Address _____

Business Mailing _____

Checklist for attached

\$50.00 check

Executive summary, 6 copies

Written narrative, 6 copies

List of significant project features, 6 copies

Photographs and 11 x 17 drawings, 6 copies

Photographs on CD, 1 copy

Submission form, 1 copy

30 x 30 Panel, 1 copy

Additional 1 pg. narrative for CSS Award, 6 copies