

CITY OF SAN ANTONIO
OFFICE OF THE CITY MANAGER
Interdepartmental Correspondence Sheet

TO: Mayor and City Council

FROM: Roland A. Lozano, Assistant to the City Manager

COPIES: Capt. Tom Polonis - Traffic Section Commander; William Jenkins, Traffic
Administrations Officer; Thomas G. Wendorf, Director, Public Works

SUBJECT: MS Walk -September 20, 2003
7:00 a.m. - 11:00 a.m. (PP #2003-58)

DATE: August 7, 2003

SUMMARY AND RECOMMENDATIONS:

This ordinance will approve the parade permit and authorize the temporary closure of certain streets in connection with the MS Walk being held on Saturday, September 20, 2003. The parade will assemble and disband at HemisFair Park. The route is attached.

Staff recommends approval of this ordinance.

POLICY ANALYSIS:

This ordinance is consistent with the City policy requiring an ordinance where closures of public streets are requested.

COORDINATION:

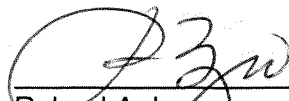
This event has been coordinated with the City Manager's Office, the Traffic Section of the Police Department, and the Traffic Division of the Public Works Department. All of the involved city departments concur with the staff recommendation to approve this request.

FINANCIAL IMPACT:

All insurance requirements, public safety devices (signs, barricades) and any off-duty police as may be required by the Police Department or the Public Works Department shall be the responsibility of the event sponsor, the Multiple Sclerosis Society. The City will receive revenues of \$25.00 from this event and will incur no additional costs.

SUPPLEMENTAL COMMENTS:

The requirements of the Ethics Ordinance are not applicable.


Roland A. Lozano
Assistant to the City Manager



City of San Antonio Police Department



Traffic Section Fax

Date : 7/09/03

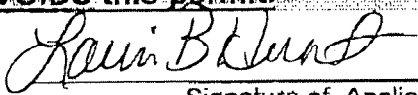
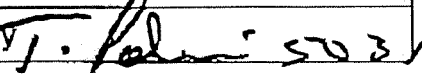
Number of pages sent (including cover sheet) : 4 6

TO : **MR. ROLAND LOZANO** **MR. TOM FROATS**
 MS. AURORA GARZA **MR. EDWARD GARCIA**
 MR. CHRIS CALLANEN **MR. AL LOMAS**
 LT. FLORANCE

FROM : William Jenkins #1042

REFERENCE : MS WALK

**COMMENTS : ON DUTY OFFICERS AND OFF DUTY
OFFICERS WILL HANDLE THIS EVENT.**

APPLICATION FOR RUN/WALK PERMIT		San Antonio Police Department		PERMIT NUMBER: 2003-58	
Time and Date Filed: 8:50 PM APRIL 30, 2003		Day of Week Filed: WEDNESDAY		Parade Date: SEPT 20, 2003	
		Day of Week: SATURDAY			
Assembly Time: 7:00 AM		Start Time: 9:00 AM		Disbanding Time: 11:00 AM	
Assembly Area (Boundary) HEMISFAIR PARK					
Route Details: SEE ATTACHED ROUTE					
Disbanding Area: HEMISFAIR PARK					
Name of Individual Applicant: LAURIE HUHDORF		Address: 140 HEIMER #195 SAN ANTONIO, TEXAS		Zip Code: 78232	
				Phone Number: 416-9865	
Sponsoring Organization: MULTIPLE SCLEROSIS SOCIETY		Address: 140 HEIMER #195 SAN ANTONIO, TEXAS		Zip Code: 78232	
				Phone Number: 494-5531	
Name of Event: MS WALK			Purpose and/or Theme of Parade:		
Type and Approximate Number of Persons, Vehicles and Animals Participating: 2000 WALKERS					
Length of Parade (Miles): 5K		Portion of Street Parade will Occupy: 1 LANE / TOTAL			
Remarks: CONTACT PERSON: LT. QUINTANILLA AT 207-7696. WILL PROVIDE TRAFFIC ASSISTANCE. APPLICANT WILL PROVIDE TRAFFIC CONTROL DEVICES IN ACCORDANCE WITH THE TEXAS MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (TMUTCD).					
I have read, fully understand, and agree to comply with the provisions of this permit and Article 13 Section 19-450 through 19-457 of the City Code of the City of San Antonio which regulates runs, walks, and other similar uses of public places. <u>Failure to comply with all provisions provided for herein VOIDS this permit.</u>					
Signature of Applicant 			Date: 3 July 2003		
Positive Identification is required. A Social Security Card is NOT Considered Positive Identification. This Individual Applicant Has Identified Himself/Herself to me in the Following Manner:					
TYPE OF IDENTIFICATION (Driver's License, etc.)					
16962662 TX Texas Driver's License No		Other Identification Type and No		01-19-70 Applicant D.O.B.	
BARRICADES REQUIRED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		APPLICATION: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED			
APPROVED BY: Lt. Quintanilla		APPROVAL DATE: 06/30/03			
S/Chief of Police: 					

APPLICATION FOR
PARADE PERMIT

**San Antonio Police
Department**

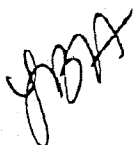
PERMIT NUMBER:
2003-58

ROUTE FOR PARADE/RUN

PARTICIPANTS WILL ASSEMBLE AT HEMISFAIR PARK

EXIT HEMISFAIR PARK ONTO ALAMO
NORTH ON ALAMO TO HOUSTON
WEST ON HOUSTON TO NAVARRO
NORTH ON NAVARRO TO ST MARY'S
SOUTH ON ST MARY'S TO HOUSTON
WEST ON HOUSTON TO SANTA ROSA
SOUTH ON SANTA ROSA TO THE MARKET SQUARE ENTRANCE
WEST THROUGH MARKET SQUARE TO SAN SABA
SOUTH ON SAN SABA TO DOLOROSA
EAST ON DOLOROSA TO MARKET
EAST ON MARKET TO NAVARRO
NORTH ON NAVARRO TO CROCKETT
EAST ON CROCKETT TO PRESA
SOUTH ON PRESA TO NUEVA
EAST ON NUEVA TO HEMISFAIR PARK

DISBAND AT HEMISFAIR PARK



SAN ANTONIO POLICE DEPARTMENT
INTERDEPARTMENTAL CORRESPONDENCE SHEET

TO: Mr. Roland Lozano, Assistant City Manager
FROM: Officer William Jenkins, Traffic Section
COPIES: Captain Polonis, Lieutenant Florance, Mr. Tom Wendorf, File
RE: Ordinance Request for Parade Permit 2003-58

Date: 07/03/03

On this date, LAURIE HUHNDOFF, made an application for the MS WALK to be held on SEPTEMBER 20, 2003. This application will need City Council approval.

I have attached a copy of the parade permit to assist you with the street closure ordinance.

If additional information is needed, please feel free to contact me at 207-2257.

Thank You



William Jenkins, Officer
Traffic Section
San Antonio Police Department

**SAN ANTONIO POLICE DEPARTMENT
INTERDEPARTMENTAL CORRESPONDENCE SHEET**

TO: Deputy Chief Rudy Gonzales

FROM: Officer William Jenkins #1042

COPIES: File

RE: Item to be placed on City Council Agenda

Date: 07/03/03

MULTIPLE SCLEROSIS SOCIETY has requested a permit for a run/walk/cycling event to be held on SEPTEMBER 20, 2003. This request has been approved by the Traffic Lieutenant and has been forwarded to Travis Bishops' office to be placed on the City Council agenda.

On-duty officers to be used: 21
Off-duty officers to be used: 22

Estimated Cost

On-duty cost: \$2,229⁸⁴
Off-duty cost: \$3,870⁸³
Total police cost: \$6,100⁶⁷
Amount to be paid by applicant: \$6,100⁶⁷

I have attached a copy of the permit and if more information is required feel free to contact me at 207-2257.

Thank You



William Jenkins
Traffic Section

Jun-23-03 08:36A

P.02

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)

08/02/03

PRODUCER

Aon Risk Services of New Jersey
10 Landex Center West
P.O. Box 608
Parsippany NJ 07054-0608

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

PHONE - (973) 884-4000

FAX - (973) 884-8808

INSURED

National Multiple Sclerosis Society
Lone Star Chapter
140heimer #195
San Antonio TX 78232 USA

COMPANY

A Commerce & Industry Ins Co

COMPANY

B Atlantic Mutual Ins Co

COMPANY

C

COMPANY

D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUM OWNER'S & CONTRACTOR'S PROT	2817585 General Liability Coverage	10/01/02	10/01/03	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) \$10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	2844088 Auto Liab./Phys. Damage-All States	10/01/02	10/01/03	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	400529570 Workers Compensation/Employers Lia	10/01/02	10/01/03	<input checked="" type="checkbox"/> WC STATU- TORY LIMIT <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000 EL DISEASE-EA EMPLOYEE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: EVENT TYPE: MS WALK EVENT DATE: 09/20/03

CITY OF SAN ANTONIO IS INCLUDED AS ADDITIONAL INSURED, (EXCLUDING WORKERS COMPENSATION).

CERTIFICATE HOLDER

CITY OF SAN ANTONIO
ATTN BEVERLY BUDD
800 HEMISFAIR PARK
SAN ANTONIO TX 78205 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

ACORD 25-S (1/88)

Certificate No:

57D008294513

Holder Identifier

ACORD CORPORATION 1/1/11

RECEIVED JUN 10 2003