

FELTS FIELD ACCESS CARD REQUEST FORM

Fields with an asterisk (*) must be completed. Please complete form and email to feltsfieldaccess@spokaneairports.net or fax to (509) 624-6633.

LESSEE (Official Name on Lease Agreement) *

PHONE NUMBER (Primary Contact) *

PRIMARY CONTACT NAME *

EMAIL ADDRESS (Primary Contact) *

LESSEE MAILING ADDRESS *

EMERGENCY CONTACT NAME & PHONE (if applicable) *

The following individual/s are associated with, or employed by, the above-indicated Lessee.

CARD # <i>(Leave blank if requesting new card)</i>	GATE(S) REQUESTED <i>PICK THE GATE: 1&5, 2,3,4,6</i>	*ACTIVATE or DEACTIVATE	*ASSIGNED TO	* BLDG & UNIT NUMBER	* TAIL NUMBER <i>(if applicable)</i>

(Internal use only)

CARDS AT NO COST _____

ADDITIONAL CARDS @ \$5.00 EACH _____

REPLACEMENTS @ \$15.00 EACH _____

DATE REQUEST COMPLETE _____

(Date)

(Initials)

Request authorized by*: _____
 (Primary Contact signature ONLY)

Date of request*: _____