

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 # (Leave blank if requesting new card)	GATE(S) ASSIGNED (internal use only)	ACTIVATE / DEACTIVATE? *	ASSIGNED TO *	BLDG & UNIT NUMBER *	TAIL NUMBER * (if applicable)

(Internal use only)

CARDS AT NO COST _____

ADDITIONAL CARDS @ \$5.00 EACH _____

REPLACEMENTS @ \$15.00 EACH _____

ACTIVATION/DEACTIVATION DATE _____

(Date)

(Initials)

Request authorized by*: _____
 (Primary Contact signature)

Date of request*: _____