

COMMUTER PARKING APPLICATION

Air	port	Use	Only

Date Issued:

Amount Paid:

Receipt #:

Issued By:

Approved By:

APPLICANT INFORMATION Name: Name of Business: Address: City: State: Zip Code: Home Phone: Cell Phone:

Access Card #:

Permit #:

DESCRIPTION OF VEHICLES TO BE OPERATED AND/OR PARKED ON AIRPORT PROPERTY					
VEHICLE #1					
Make:	Model:		Year:		
Tag #:		State:	Color:		

VEHICLE #2					
Make:	Model:			Year:	
Tag #:		State:	Color:		

VEHICLE #3					
Make:	Model:			Year:	
Tag #:		State:	Color:		

Applicant agrees that all business activities conducted at Tallahassee International Airport shall be governed by the Airport Rules and Regulations / Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.

I hereby acknowledge receipt of the following:

- Tallahassee International Airport's Rules and Regulations
- Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers. NOTE: Documents are available at the following website: <u>http://www.TLHAirport.com</u>
- No refunds are available for any unused months

Date