

Page Field (KFMY) Request for T-Hangar

Date of Request:	Please check one: Initial Request (1) Change Form (2) Existing Tenant
Customer Name:	
(Name to	b be recorded on lease agreement, either business or personal)
Local Address:	
	(Street address)
	(City, state & zip code)
Mailing Address:	
(If differen	nt from above – please include street address, city, state & zip code)
Telephone Number(s):	
Home:	Business:
	Other:
Contact Name:	Title:
Aircraft Make & Model:	FAA Registration Number:
 Please complete all applicable sections; confirmation of receipt and ranking on hangar list will be available in approximately 2-4 weeks. Please provide the current date and potential tenant's name – then, only items requiring change should be 	
entered. The original ranking v updated information in writing	will remain the same. It is the responsibility of the requesting party to provide .
County Port Authority, Attn: Hangars, 5200	by the requesting party and submitted with \$400.00 non-refundable deposit to: Lee Captain Channing Page Drive, Fort Myers, FL 33907. Questions may be directed to s in Aircraft Hangar Leasing Guidelines. Email: fmyhangars@flylcpa.com
I have received and understand the procedu	ures as outlined in the "Aircraft Hangar Leasing Guidelines."
Signed:	Date:
Print Name:	

Customer#

FOR OFFICE USE ONLY

Date Received:

Deposit Attached: