



BROOKINGS REGIONAL AIRPORT GATE CARD INFORMATION FORM

INFORMATION:

NAME: _____

COMPANY: _____ POSITION: _____

PHONE NUMBER(S): _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

AIRCRAFT TAIL NUMBER: _____

REASON FOR AIRPORT ACCESS (if no aircraft listed): _____

GATE CARD NUMBER(S): _____

REMARKS:

I, the undersigned applicant, have read the Brookings Regional Airport Rules and Regulations and agree to abide by these rules and regulations. I also understand that the gate cards remain the property of the Brookings Regional Airport and are non-transferable. The card holder shall report the theft or loss of the gate card immediately to the Brookings Regional Airport and is responsible for replacement costs on lost, stolen, or any additional gate cards.

The City of Brookings shall provide the applicant a copy of the Brookings Regional Airport Rules and Regulations at the applicant's request.

VERIFICATION:

Signed: _____ (Applicant)

Witness: _____ (City of Brookings Employee)

Printed: _____ (City of Brookings Employee)

OFFICIAL USE ONLY:

*\$10.00 non-refundable fee received by, _____.

**Deposit \$10.00 for new gate card in 606-000-1-220-00 and give the applicant a receipt.

***Collect old gate opener and process refund for \$25.00 deposit from 606-000-5-429-00.