

Commuter Parking Form

Name _____ Employer _____

Address Street _____

City _____ State _____ Zip code _____

Email address _____ Phone Number _____

Vehicle Information

Year _____ Make _____ Model _____

Color _____ Tag # _____

I certify that I am an active pilot/flight crew member for the above named employer. **My vehicle will not remain in the lot for greater than fourteen consecutive days.** Violation of this may result in towing of the vehicle at owner's expense. Annual commuter parking passes must be paid in full prior to the expiration date to avoid loss of parking privileges. The Okaloosa County Airports Administration reserves the right to cancel parking privileges at any time.

Signature

Date

.....

Administration Use Only

AVI Control Number _____

Issued Date _____

Sticker Number _____

Expiration Date _____

Amount Paid _____

Check Number _____

Cash Rec Number _____

Issued By

Date