OD No. 04-04 Attachment 1

LEASE/PERMIT CONFIRMATION FROM GENERAL AVIATION PROPERTIES

Company Name:	
Company Phone No.:	
Type of Lease and/or #:	Exp. Date:
Type of Permit and/or #:	Exp. Date:
Description of Function(s) at GA A	irports:
Properties Division:	
Properties Rep:	Phone No.:
Print Name &	Title
Recommended by:	Date:
GA Proj	perties Manager
Security and Safety Division:	
Approved by:	Date: Date:
Signature & Title, MDAD	Security & Safety