

TEMPORARY AG SPRAYING & FACILITIES USE FORM

CROOKSTON MUNICIPAL AIRPORT

NAME of Applicant: _____

ADDRESS of Applicant: _____

PHONE NUMBER (s): _____

NAME of Organization: _____

ADDRESS of Organization: _____

PHONE NUMBER (s): _____

FACILITIES Requested: _____

DATES Facility would be used:

From: _____ To: _____

TIME Facility would be used:

From: _____ To: _____

DEPOSIT: _____ (\$1,000.00)

FACILITIES Charge: _____ (\$100.00 per day, maximum of \$1,000.00 per month.)

CERTIFICATE OF INSURANCE ATTACHED

APPLICANT'S SIGNATURE

AIRPORT MANAGER SIGNATURE

DATE

DATE