CHARTER NOTIFICATION FORM

DANE COUNTY REGIONAL AIRPORT MADISON

CHARTER BEGINNING:

AIRCRAFT ARRIVAL
DATE: _____ TIME: _____ ○ a.m. ○ p.m.

AIRCRAFT DEPARTURE
DATE: _____ TIME: _____ ○ a.m. ○ p.m.

GROUND OPERATIONS BY: _____ GATE #: _____

ENPLANED: _____ DEPLANED: _____

CHARTER END:

AIRCRAFT ARRIVAL
DATE: _____ TIME: _____ ○ a.m. ○ p.m.

AIRCRAFT DEPARTURE
DATE: _____ TIME: _____ ○ a.m. ○ p.m.

GROUND OPERATIONS BY: _____ GATE #: _____

ENPLANED: _____ DEPLANED: _____

GROUND TRANSPORTATION: ☐ YES ☐ NO

TYPE: _____

COMPANY PROVIDING GROUND TRANSPORTATION: _____

PASSENGER SCREENING REQUIRED: ☐ YES ☐ NO

FOOD SERVICE: ☐ YES ☐ NO

PROVIDED BY: _____

CHARTER DESTINATION: _____

ARRANGING AGENT: _____

NAME OF OPERATOR / CARRIER / TELEPHONE: _____

ADDRESS: _____

AIRCRAFT TYPE: _____

MAXIMUM GROSS LANDING WEIGHTS: _____

REPORTED BY: (name, title, & company) _____

DATE: _____

OTHER CHARTER INFORMATION (include any additional information that will help us provide exceptional service):