

SLIDELL AIRPORT

TIE-DOWN AGREEMENT

TO: AIRPORT MANAGER
62512 AIRPORT ROAD
SLIDELL, LA 70460
Fax: 985-847-9831

DATE: _____

PLEASE PRINT

FROM: _____

ADDRESS: _____

PHONE #: (HOME) _____ (WORK) _____

PILOT CERTIFICATE # _____

I request permission to park aircraft N _____ in tie-down spot number _____.

I agree to pay the current non-refundable tie-down fee, in advance, on a quarterly basis.

I agree to adhere to all airport rules and regulations.

I agree to secure all gates in which I enter or exit.

I agree to give fifteen (15) days notice in terminating this agreement.

I understand that payment is due by the 10th day of the month or a late fee of \$10 per month will be assessed.

I understand that the City of Slidell and the Slidell Airport assumes no liability for the safety of my aircraft.

Signature