

**ORANGE COUNTY AIRPORT
T-HANGAR WAITING LIST**

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL: _____ DEPOSIT MADE: _____

AIRCRAFT TYPE: _____ MODEL: _____ YEAR: _____

COMMENTS: _____

I understand that if a hangar becomes available I will have 48 hours to sign a lease agreement for the hangar and make the first payment; if 48 hours passes without signing the lease and/or making payment, the next person on the waiting list will be contacted and I will be removed from the waiting list.

Signed: _____

Witnessed: _____
