



Ground Transportation Account Cancellation Request

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|-----------------|--|------------------------------|----------------|
| Company Name: | | | |
| Address: | | | |
| City, State Zip | | | |
| TCP #: | | JWA Account # | GT-0000 |
| Phone: | | Cancellation Effective Date: | |

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|---|--|--------|--|
| Sold Company To: <small>(if applicable, insert name)</small> | | Phone: | |
|---|--|--------|--|

I, the undersigned, certify that I will no longer be operating and/or doing business at the John Wayne Airport. Please close my account and return my security deposit to the address listed above.

I also, certify that all the information provided on this form is true and correct. I understand that providing false information on this form may result in the termination of my Operating Permit with John Wayne Airport.

Signature _____
Date

Print Name _____
Title

| | |
|--|-------------------------------|
| Please fax, mail, or hand deliver this form to: | |
| John Wayne Airport/Landside Administration 18601 Airport Way, Box 41, Ste 116 Santa Ana, CA 92707 Attention: Kathy York | or Fax: (949) 252-5243 |