



Ground Transportation Account Cancellation Request

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

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

| | |
|--|---|
| Security Deposit <small>(Please circle one)</small> | Transfer to the new company? YES / NO / NA |
|--|---|

I, the undersigned, certify that all the information provided on this form is true and correct. I also certify that my company (listed above) 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 unless otherwise noted. I, the undersigned, understand that in order to start working at JWA again, I will need to re-submit a new permit package.

Owner Signature

Date

Owner Name (Please Print)

Owner
Title

| | |
|--|--|
| Please deliver this form to: | |
| John Wayne Airport/Landside Administration 18601 Airport Way, Box 41, Ste 116 Santa Ana, CA 92707 Attention: Kathy York | Fax: (949) 252-5243 Email: kyork@ocair.com |
| or | |