

Great Lakes Flight Centre SERVICE REQUEST FORM

NOTE: All arrival and departure times need to be in EST, or local CYQG, time - not UTC or Zulu time.

Customer Information

Name: _____ Address: _____

Phone Number: _____ Mobile Phone: _____

Crew Contact Name: _____ Crew Contact Number: _____

Aircraft Type: _____ Aircraft Registration: _____

Planned Date of Arrival: _____ Planned Time of Arrival: _____

Planned Date of Departure: _____ Planned Time of Departure: _____

Fuel Requirements

Fuel: _____ Fuel Instructions: _____

Services Required

- | | | | |
|----------------------------------|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Hangar | <input type="checkbox"/> Quick Turn | <input type="checkbox"/> Tie Down | <input type="checkbox"/> Limo Service Ramp |
| <input type="checkbox"/> Parking | <input type="checkbox"/> GPU | <input type="checkbox"/> Lav Service | <input type="checkbox"/> Pottable Water Service |

Catering Order

Placed with: _____ Delivery date: _____ Delivery time: _____

Ordered By: _____ Confirmation Number: _____

Catering Information: _____

OFFICE ONLY

Payment Information

Credit Card Type: _____ Card Number: _____ Card Expiry: _____ Card Security: _____

Sales Receipt: _____ Special Request: _____

Email completed form to: dispatch@glfc.ca