



**TOWN OF CONCRETE MUNICIPAL AIRPORT
"MEARS FIELD"**
P.O. Box 39, Concrete, WA 98237
LOT WAITING LIST APPLICATION



Name	Phone (H)
Address	Phone (Mess.)
City, State & Zip	Email Address

Type of lot requested:

_____ If you would like a certain lot, please indicate lot # here **or** choose one option below

_____ 50X50 _____ 100X100 _____ First Available

PLEASE NOTE: If a specific lot is listed here and no other items are checked above you will only receive notification when this particular lot becomes available

_____ Initial Fee \$93.00 Enclosed

_____ Renewal Fee \$93.00 Enclosed

WAITING LIST PROCEDURES

1. A non-refundable wait list application fee will be charged and must be renewed on an annual basis (each January).
2. When a lot is available and an applicant cannot be contacted or fails to respond within five (5) business days after town receives confirmation of certified mail delivery or a read receipt for email, or applicant fails to renew the annual wait list registration by January 31, the listing shall be canceled.
3. Applicant is responsible for notifying the Concrete Town Hall in writing of any changes in contact information on the application.
4. Changes to the size of lot or lot # requested **may not** be made during the year but must be made with the annual renewal. If you wish to add an additional listing to the list you may do so following the original application terms.
5. When a lot becomes available and the applicant enters into a lease agreement with the Town, the applicant shall be removed from the waiting list. Applicant may re-apply for the waiting list, following the same procedures as the initial application.
6. For those with current Airport Lot Leases who fail to meet the requirements of said lease, after having said lease in place for more than four (4) years and thereby relinquishes or the Town Council terminates their lease, shall not be eligible or notified of an available lease for one year from the date of relinquishment or termination. Waiting list applicants may still complete this form and pay the required renewal fees to continue in their current position on the waiting list.

Signature

Date

Date: _____ Amount: _____ Receipt #: _____ Employee Initials: _____

Notes: _____

This institution is an equal opportunity provider, and employer.



OFFICE USE ONLY



Date: _____ Amount: _____ Receipt #: _____ Employee Initials: _____

Notes: _____

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