

CARSON CITY AIRPORT COMPLAINT FORM

TYPE OF COMPLAINT: NOISE: _____ LOW-FLYING AIRCRAFT:

UNSAFE OPERATION: _____ OTHER: _____

DATE OF EVENT: TIME OF EVENT: A.M. () P.M. ()

DATE OF COMPLAINT: TIME OF COMPLAINT: A.M. () P.M. ()

NAME OF COMPLAINANT:

ADDRESS:

PHONE:

DESCRIPTION OF COMPLAINT: (Include N number if available, direction of travel, location of caller relative to airport)

STAFF ACTION:

DATE:

Please return form to: Carson City Airport Authority
Terminal Building—Attn. Airport Manager
2600 College Parkway #6
Carson City, NV 89706
Phone: 841-2255
Web site: carsoncity-airport.com
Temp e-mail: stackes@kkbrf.com