

# **Township of Manitouwadge**

1 Mississauga Road Manitouwadge, ON POT 2C0 Phone: (807) 826-3227

Fax: (807) 826-4592

Please fax, or email a scanned copy of this form.

**Municipality Assigned** 

# MANITOUWADGE MUNICIPAL AIRPORT SERVICES and FUEL ACCOUNT

SEF	VICES all	IU FUEL AC	COONI	Account Number
Company				BILLING INFORMATION: (if different than previous info.)
Representative				Contact Name
Position				Position
Address				Address
City				City
Province	Post	al Code		Province Postal Code
Phone #	Fax	#		Phone # Fax #
Email Address				Email Address
	AFTER HOUI	RS:		IN CASE OF EMERGENCY:
Contact Name				Contact Name
Position				Position
Phone #	Alte	rnate #		Phone # Alternate #
	G.S.T. Exer	mpt GST Cer	tificate #	
Call Sign	ID	Aircraft Type	Base	Account Restrictions (please specify)

# MANITOUWADGE MUNICIPAL AIRPORT SERVICES and FUEL ACCOUNT

<b>Nature of Service Provide</b>	d:		
MNR / Fire Support	Other (please spe	ecify)	
Medical			
Additional Notes To Account	t:		
Terms of Account:			
	st charge. The Township h		30 days from invoice date and are subject s the right to revoke account activity for the
effective date and new cha delivered to Airport. Increa	arges that will be applied. I ases for fuel will have less	Fuel ra	by email, prior to any increase stating rates are determined at time Jet A Fuel is ce due to charges determined at time of fill sent to each account holder to notify of
	arry the cost of any addition		eduled business hours, it will be the account esources that may be required. (Ex.
billing purposes; it is the re	esponsibility of the individua	al airc	Airport to separate aircraft business for crafts to specify billing method. If it has no will be up to the account holder to collect
including billing restrictions	s, if limitations have not bee	en spe	eccount usage with authorized aircrafts pecified in this agreement than it is not the termine account billing limitations.
By signing below you	are agreeing to the terr	ns sp	specified in this agreement.
Account Represntativ	ve Signature		Airport Manager Signature
Date			Date
Notes to Account			

# MANITOUWADGE MUNICIPAL AIRPORT SERVICES and FUEL ACCOUNT

## **MUNICIPAL CONTACT INFORMATION:**

### **Municipal Office**

#### **Regular Hours**

#### Labour Day Weekend to May Long Weekend

Monday to Friday 8:30 am to 4:30 pm closed 12:30 to 1:30

#### **Summer Hours**

#### May Long Weekend to Labour Day Weekend

Monday to Friday 8:00 am to 4:00 pm

Airport Manager		Marcel DeMars	Account Ir	nquiries	Melissa Biggin
Phone #	807-826	6-3224 x 244	Phone #	807-82	6-3227 x 243
Email	mleo@r	manitouwadge.ca	Email	fireadmi	n@manitouwadge.ca

## **Municipal Airport**

## **Regular Hours**

#### Labour Day Weekend to May Long Weekend

Monday to Friday 8:00 am to 12:00 pm

#### **Summer Hours**

#### May Long Weekend to Labour Day Weekend

Monday to Friday 12:00 pm to 4:00 pm

Airport At	tendant	After Hours Contact	
Phone #	807-826-4041		
Email	cymg@manitouwadge.ca	Phone # 807-228-0706	

# MANITOUWADGE MUNICIPAL AIRPORT SERVICES and FUEL ACCOUNT

#### Please continue with authorized aricrafts below:

Call Sign	ID	Aircraft Type	Base	Account Restrictions (please specify)