



CUSTOMER CONTACT INFORMATION SHEET

Date: _____

Customer Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Aircraft "N" Number: _____

Aircraft Model: _____

Aircraft Model Number: _____

Aircraft Mfg.: _____

Aircraft Color: _____

Hangar Number: _____

Ashtabula County Airport Authority
dba Northeast Ohio Regional Airport
P.O. Box 379-**Mail Address**
2382 Airport Road
Jefferson, OH 44047
440-576-9271
440-576-9705 fax

ON-CALL: (440)855-1126

Kate Burke-Rosales – kbrosales@flyhzy.com Cell (440)867-4281
Derek Maple – dmaple@flyhzy.com Cell (440)855-2451
Brian Dale – bdale@flyhzy.com Cell (440)812-1115
Shawn Allen – sallen@flyhzy.com Cell (440)812-0155