



ROSEBURG REGIONAL AIRPORT APPLICATION FOR LEASE

Name of Applicant: _____

Name and address under which lease is desired:

_____ Phone: _____

Email address: _____

Corporation _____ Partnership _____ Individual _____

If corporation or partnership, please list names and addresses of partners or principal officers:

1. _____

2. _____

Do you own/lease aircraft? ____ Own ____ Lease Size: ____ Single ____ Twin

Aircraft Model & Identification Number: _____

Desired time/term of lease and desired options for renewal if other than month-to-month:

A check for the first month's lease and a copy of your liability insurance proof must be attached to this application. If the lease application is for a City-owned hangar or storage unit, a cleaning deposit of \$100 must be paid before a lease can be approved.

Submitted by: _____

Dated: _____

Date received by City: _____

Lease Effective Date: _____ Rate: _____

1st month's lease Insurance information Security Deposit

Please indicate what type of facility/property you are interested in leasing (Note: All storage units, tie-down spaces and t-hangars are leased on a month-to-month basis:

<u>Type of Facility</u>	<u>Lease Rates Effective Through June 30, 2025</u>		
_____ Single T-Hangar	# _____	I-5, I-9, I-14: \$197/mth	
_____ Single T-Hangar	# _____	"C" Row: \$229/mth	
_____ Single T-Hangar	# _____	All other Single T-Hangars: \$269/mth	
_____ Twin T-Hangar	# _____	\$494/mth	
_____ Tie-down space	# _____	Single: \$43/mth	Twin: \$73/mth
_____ Storage Unit	# _____		
South-End Facilities:	Units B-N & B-S	\$ 88/mth	
	Units F-N & F-S	\$ 65/mth	
	Unit G-N	\$ 88/mth	
	Units H-N & H-S	\$ 88/mth	
North-End Facilities:	Unit I-S	\$ 88/mth	
	Units J-N & J-S	\$100/mth	

Per Resolution 2016-10, adopted by Roseburg City Council on August 8, 2016 and effective immediately, a \$100 refundable security deposit is required for all Storage Units and T-Hangar leases.

You will be required to provide a Certificate of Insurance that includes the following -

- Insurance Carrier (licensed for business in Oregon)
- Policy Number(s)
- must contain an endorsement naming the City as an additional insured and entitling the City to not less than 30 days prior written notice of any material change, non-renewal or cancellation
- Liability Coverage (aircraft/premises: bodily injury/personal injury/property damage)
 - Combined single event limit - minimum required is \$500K
 - Aggregate – minimum required is \$1M