

Hayward Executive Airport (HWD)

20301 Skywest Drive

Hayward, CA 94541

Request for Emergency Lifeguard Flight Information

(Pursuant to the City of Hayward Noise Ordinance and the Public Utilities Code Section 21662.4)

Please fill out this form and:

FAXx to: (510) 783-4556 or EMAIL to brendan.o'reilly@hayward-ca.gov

If you have any questions please call the Airport Administration Office (510) 293-8678 – Thank you

Organization or Company Name: _____

Address: _____

Phone/Fax/Email: _____

Date and Time of Operation(s): _____

Aircraft Registration: _____ Flight #: _____

Aircraft Type: _____ Stage II _____ Stage III _____

Contact Person: _____ Phone #: _____

Medical Attendants: _____

Flight Crew: _____

Agency Requesting Transport: _____

Contact _____ Address _____

Destination: _____

Contact _____ Address _____

I hereby certify that the above information is true and correct, and that a written statement from the attending physician specifying that this was a medical emergency is available upon request.

Signature:

Date _____

Director of Operations

Form must be returned to HWD within 72 hours prior or subsequent to arrival or departure of aircraft