



CLARK COUNTY DEPARTMENT OF AVIATION ESCORT REQUEST

NOTE: *This request does not satisfy the requirements for an approved construction work plan.*

Project Number:	
Activity Request Number:	
Name of Tenant:	
Name of Contractor:	
Date(s) Needed:	
Times Needed:	
Pick-Up Point:	
Drop-Off Point:	
Escort Will be Required:	Full-Time: <input type="checkbox"/> Part-Time: <input type="checkbox"/>
Escort Provided by:	DOA Escort: <input type="checkbox"/> Third-Party Escort: <input type="checkbox"/>
Third-Party Provider: <i>(If Applicable)</i>	
Requested By: <i>(Name, Phone Contact, Company)</i>	
Activity/ Site Tour:	
Vehicles/ Equipment:	
Comments:	