

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)**

**MODIFICATION OF MINIMUM/MAXIMUM
USE PERCENTAGE REQUEST FORM**

Air Carrier: _____ Date Submitted: _____
 Affiliate: _____ For Period (Date): From: _____ To: _____
 Signature: _____ Page ___ of ___

REQUEST FOR:

Calendar Month	Calendar Quarter	3 Consecutive Calendar Quarters	Plan Year
ADDs	Seats	Passengers	RONs

Current Maximum Use %	Proposed Maximum Use %	Modified Maximum Use % (JWA USE ONLY)	Current Minimum Use %	Proposed Minimum Use %	Modified Minimum Use % (JWA USE ONLY)

JWA USE ONLY: Date Completed: _____
 Date Received: _____ Staff: _____

ACCESS PLAN REFERENCE:
 §8.3.8 - Request for Modification of
 Minimum/MAX Use Percentages