JOHN WAYNE AIRPORT
ORANGE COUNTY

LOCATION SHUTDOWN COMMUNICATION PLAN

REQUESTOR *(Please specify)*

On-site Off-Site On-Call

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____

On-site ***(At least one (1) representative on-site)***

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____

JWA SPONSOR *(Please specify)*

On-site Off-Site On-Call

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____

On-site Off-Site On-Call

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____

OTHER CONTRACTORS ON-SITE *(Please specify)*

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____

First/Last Name: _____

Title: _____

Role: _____

Phone Number: _____

Start Date/Time: _____

End Date/Time: _____