

RELLIS Campus Contract Review Form

Event/Project Information

Please check all that apply to the event/project:

Other Party:

Est Start/Award Date:

Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Hazardous Activities | <input type="checkbox"/> Permanent Modifications |
| <input type="checkbox"/> Restricted Visibility | <input type="checkbox"/> Restricted Personnel | <input type="checkbox"/> Other (Include in Description) |
| <input type="checkbox"/> Airspace | If Yes: | |
| <input type="checkbox"/> Frequency Spectrum(s) | If Yes: | Frequency: |
| | If Yes: | Frequency: |
| | If Yes: | Frequency: |

Event/Project Description

Please provide a brief description of the event/project that will take place on the RELLIS Campus:

Location

Please outline the anticipated space needed on the RELLIS Campus for the event/project:

Duration

Please outline the anticipated durations of the event/project:

Submitted By

Signature

Date

Name

Member/Agency

RELLIS Response

Comments

Signature

Date