

SIGNAGE CONCEPT APPROVAL REQUEST
PALM SPRINGS INTERNATIONAL AIRPORT

Airport Tenant:	Vendor Name:
Name of Requester:	Point of Contact:
Phone Number:	Phone Number:
Email:	Email:
Airport Escort Needed**: Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Work: (attach exhibit)
Escort Name:	Needs Access to Room number: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Submitted:	Date and Time Scheduled:

DESCRIPTION OF WORK:
Approved by PSP Airport:
Signature _____ Date: _____
Attachments: 1] Site Plan location - 2]Photo(s) of current condition 3] Project's color rendering/elevation
** Airport Escort subject to advance reservation and applicable fees
Submit completed Signage Concept Approval Request Form to: Airport.Information@palmsspringsca.gov