Boise Airport Runway Closure Request

The following request form should be filled out as thoroughly as possible and as early as possible to request a closure of Boise Airport Runways. All forms should be completed and emailed to boi.rwys@cityofboise.org no less than two (2) weeks before planned work. If a runway closure is required within a two-week window, contact a Boise Airport Operations Supervisor directly at 208-972-8421.

Preferred Date/Time of Closure:

Date of Request:

| | | 1 | ndividual Reques | ting Closure: | | | |
|--------------|-------------------------|--------------------------------|--|------------------|-----------------|-----------------|--|
| Name: | | Contact Number: | | | Organization: | | |
| Runway: | Run | Runway 10L/28R | | | Runway 10R/28L | | |
| Surface: | Pav | Paved Surfaces | | Safety Area | | | |
| | | Requested duration of closure: | | | | | |
| | 0-30 min* | 1hr – 4hr* | 4hr – 8hr | 8hr – 12hr | 12hr-71hr | 72hr + | |
| | * Preferre ** Runway | | in duration of 72 etails of work to b | | er must have 30 |) days' notice. | |
| | work be completo | | mal working hour Day-of point o | | .)? YES | NO | |
| Namai | | | | r contact. | Organization: | | |
| Name: | | Contact Number: | | | - | | |
| Data Bassin | d. | | Operations (| Jse Only: | | | |
| Date Receiv | | | | | | , | |
| | Priorit | y Level (as deterr | nined by an Airpo | rt Operations Su | pervisor/Manag | | |
| Emergency | | | Priority | Routine | | | |
| | | | Required Equ | ipment: | | | |
| Lig | hted X | Fabric X | Light Covers | Lighte | d Barricades | Other | |
| Taxiway Cro | ossing Restrictions | s (as applicable): | | | | | |
| Finalized Da | ite/Time of Plann | ed Closure: | | | | | |

Email and Calendar Invitation sent to Airport Stakeholders?