

WAIROA DISTRICT COUNCIL

WAIROA AERODROME - USER SURVEY FOR PILOTS

It would be much appreciated if you would complete this survey. It is only upon knowing of the problems that pilots encounter at the Wairoa aerodrome that we can take the appropriate action to resolve them. Please be explicit with your comments. Kindly fax or post the form when completed.

1. How often do you make use of the aerodrome? Please enter approximate number in ONE box.

Time(s) / Day Time(s) / Week Time(s) / Month Time(s) / Year

2. When do you make use of the aerodrome? Please tick one box

Day Night Both Day & Night

3. Have you experienced any difficulties during night landings/take offs? Please tick one box.

Yes No Not Applicable

If 'Yes', please state difficulties.

4. What measures should be taken to make the aerodrome safer for its users?

5. Company Name: _____

Physical Address: _____

Postal Address (if different): _____

Tel. _____ Fax _____ E-mail _____

Pilot's Name: _____ Date: _____