



Flight Disruption Compensation Application Form

Please fill in this form for every passenger and send by mail to:

Pacific Coastal Airlines
Customer Relations
4980 Cowley Crescent
Richmond BC V7B 1C1
Canada

Pacific Coastal Airlines will respond within 30 days upon receipt of this application.

First Name

Last Name

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Reservation Number

Flight Number

Date of Travel

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Phone Number

E-mail Address

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Street Address

Apt, Suite, Bldg.

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City

Postal Code/Zip Code

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If you have additional information, questions, or feedback for us please include a letter with this form. Thank you!

Compensation will be in Canadian Dollars