20 \_\_\_\_\_



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

## AIRPORT OPERATIONS REPORT

TO OWNERS AND OPERATORS OF PRIVATE AND PUBLIC AIRPORTS: Section 5368 of the Revenue and Taxation Code requires this form to be completed and returned to the County Assessor upon request. Pursuant to this section, the County Assessor hereby requests information regarding the aircraft registration number, make, model and arrival and departure information of all aircraft utilizing your airport facilities for the calendar year. The requested information may be provided in electronic format.

| COUNTY                          |                                 | AIRPORT NAME                               | CALENDAR YEAR                       |                     |
|---------------------------------|---------------------------------|--|-------------------------------------|---------------------|
| AIRCRAFT REGISTRATION<br>NUMBER | AIRCRAFT TYPE<br>MAKE AND MODEL | AIRCRAFT IDENTIFICATION<br>(FLIGHT NUMBER) | INDICATE IF ARRIVAL OR<br>DEPARTURE | LOCAL TIME AND DATE |
|                                 |                                 |  |                                     |                     |
|                                 | SA                              |  | LE                                  |                     |
|                                 |                                 |  |                                     |                     |
|                                 | DC                              | $\mathcal{F}$                              | $\bigcirc$                          |                     |
|                                 |                                 |  |                                     |                     |
|                                 |                                 | ISH  |                                     |                     |
|                                 |                                 |  |                                     |                     |
|                                 |                                 |  |                                     |                     |

## CERTIFICATION

| I certify (or declare) u | inder penalty of perjury | under the laws of th | he State of Califo | ornia that the fo | pregoing and all | information hereon, | including any |
|--------------------------|--------------------------|----------------------|--------------------|-------------------|------------------|---------------------|---------------|
|                          | accompanying stateme     | ents or documents,   | is true and corre  | ect to the best o | of my knowledge  | e and belief.       |               |

| SIGNATURE      | DATE              |
|----------------|-------------------|
|                |                   |
| NAME           | TITLE             |
|                |                   |
| E-MAIL ADDRESS | DAYTIME TELEPHONE |
|                | ( )               |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

