20 _____



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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 NUMBER	AIRCRAFT TYPE MAKE AND MODEL	AIRCRAFT IDENTIFICATION (FLIGHT NUMBER)	INDICATE IF ARRIVAL OR DEPARTURE	LOCAL TIME AND DATE
	SA	ME	LE	
	DC			

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

