EF-577-A-R03-0725-24000044-1

BOE-577-A REV. 03 (07-25)

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MERCED COUNTY
MATT H. MAY, ASSESSOR
2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.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 NUMBER	AIRCRAFT TYPE MAKE AND MODEL	AIRCRAFT IDENTIFICATION (FLIGHT NUMBER)	INDICATE IF ARRIVAL OR DEPARTURE	LOCAL TIME AND DATE

THIS IS A SAMPLE! DO NOT USE!

CERTIFICATION

I certify (or declare) under penalty of the laws of the State of California that the foregoing, and all information herein, is true, correct, and complete to the best of my knowledge and belief.

Additionally, if this form is submitted with an electronic signature, I also certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of the taxpayer's knowledge and belief.

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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