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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) un	der penalty of perjury	under the laws of	the State of	California that the	e foregoing and a	all information hereo	ז, including any
â	accompanying stateme	ents or documents	, is true and	correct to the be	st of my knowled	ge and belief.	

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E-MAIL ADDRESS	DAYTIME TELEPHONE
INAWE	TITLE
NAME	TITLE
SIGNATURE	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

