**AIRPORT OPERATIONS REPORT** 

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## Josie Gonzales Assessor-Recorder-County Clerk County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654

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
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## CERTIFICATION

I certify (or declare) unde	er penalty of perjury	under the laws of	the State of Cali	fornia that the fore	egoing and all i	information hereon,	including any
ac	companying statem	ents or documents	, is true and corr	ect to the best of	my knowledge	and belief.	

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

