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

