EF-577-A-R02-0809-34000400-1 BOE-577-A REV. 02 (08-09)

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AIRPORT	OPERATIONS	REPORT



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

AIRCRAFT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0740 FAX (916) 875-0735 https://assessor.saccounty.gov

DAYTIME TELEPHONE

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 ARF	RIVAL OR LOCAL TIME AND DATE RE
		CERTIFICATION		
I certify (or declare) under pe accom	enalty of perjury under the law spanying statements or docur	ws of the State of California th ments, is true and correct to th	at the foregoing a ne best of my knov	and all information hereon, including any wledge and belief.
SIGNATURE				DATE
NAME				TITLE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

E-MAIL ADDRESS