20 _____ 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

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

CERTIFICATION

I certify (or declare)	under penalty of perjury under	er the laws of the State o	f California that the	foregoing and a	Il information hereon,	, including any
	accompanying statements	or documents, is true an	d correct to the bes	t of my knowledg	ge and belief.	
				DATE		

SIGNATURE	DATE	
NAME	TITLE	
E-MAIL ADDRESS	DAYTIME TELEPHONE	
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

