EF-577-A-R02-0809-53000065-1 BOE-577-A REV. 02 (08-09)

20	
AIRPORT OPERATIONS	REPORT



Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

DATE

TITLE

DAYTIME TELEPHONE

P.O. Box 1255

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		
certify (or declare) under per	nalty of perjury under the la	aws of the State of California th	at the foregoing and all info	ormation hereon, including an

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



SIGNATURE

E-MAIL ADDRESS

NAME