

20 \_\_\_\_\_

## AIRPORT OPERATIONS REPORT

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 t	he laws of th	e State of	California the	at the foregoin	g and all	information I	nereon,	including any
	accompanying	statements or	documents, i	is true and	correct to the	e best of my k	nowledge	e and belief.		

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

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

