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James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## 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) unde	er penalty of perjury under	the laws of the State of the	California that the forego	ing and all information I	nereon, including any
ace	companying statements o	r documents, is true and	correct to the best of my	<sup>,</sup> knowledge and belief.	

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

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

