20 \_\_\_\_\_



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 declar	e) under penalty of perjury under the	laws of the State of	<sup>f</sup> California that the	foregoing and all	information hereon,	including any
accompanying statements or documents, is true and correct to the best of my knowledge and belief.						
				DATE		

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

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

