EF-577-A-R0 BOE-577-A REV.

577-A-R02-0809-03000212-1 -577-A REV. 02 (08-09)	
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AIRPORT OPERATIONS REPORT	

facilities for the calendar year. The requested information may be provided in electronic format.

## 810 Court Street

## James B Rooney **Assessor of Amador County**

Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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

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 pen	alty of perjury under the l	laws of the State of California the	at the foregoing and all info	rmation hereon, including ar

accompanying statements or documents, is true and correct to the best of my knowledge and belief.

	, , ,	*	•	J
SIGNATURE				DATE
<b>•</b>				
NAME				TITLE
E-MAIL ADDRESS				DAYTIME TELEPHONE
				( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

