EF-577-A-R02-0809-07000249-1 BOE-577-A REV. 02 (08-09)

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Gus Kramer County Assessor

Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

2530 Arnold Drive, Suite 100

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 pe accom	enalty of perjury under the law panying statements or docur	ws of the State of California th ments, is true and correct to th	at the foregoing and all info ne best of my knowledge an	ormation hereon, including any nd belief.		
SIGNATURE	DATE	DATE				
NAME	TITLE	TITLE				
E-MAIL ADDRESS				DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

