EF-577-A-R02-0809-11000359-1 BOE-577-A REV. 02 (08-09)

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Sendy Perez Assessor

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

DATE

TITI F

DAYTIME TELEPHONE

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 pe	nalty of perjury under the l	aws of the State of California th	at the foregoing and all info	ormation hereon, including any



SIGNATURE

E-MAIL ADDRESS

NAME