

20 _____

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 ARF DEPARTUR		LOCAL TIME AND DATE	

CERTIFICATION

I certify (or declare) un	der penalty of perjury	under the laws of t	the State of Cali	fornia that the fo	pregoing and all	information hereor	i, including any
â	accompanying statem	ents or documents,	is true and cor	ect to the best o	of my knowledge	e and belief.	

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

