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Kristine Lee Kings County Assessor 1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

## 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 penalty of perjury	under the laws of the	e State of Californ	ia that the foregoing	g and all information h	ereon, including any
	accompanying statem	ents or documents, is	s true and correct	to the best of my ki	nowledge and belief.	
					DATE	

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

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

