EF-577-A-R02-0809-16000381-1 BOE-5

577-A REV. 02 (08-09)	
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AIRPORT OPERATIONS REPORT	



## **Kristine Lee Kings County Assessor**

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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DAYTIME TELEPHONE

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 per accomp	nalty of perjury under the l	aws of the State of California th uments, is true and correct to th	nat the foregoing and all info	rmation hereon, including any
SIGNATURE			DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



NAME

E-MAIL ADDRESS