

AIRPORT OPERATIONS REPORT



Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

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 IDENTIFICATION (FLIGHT NUMBER) INDICATE IF ARRIVAL OR DEPARTURE	

CERTIFICATION

I certify (or declare) und	der penalty of perjury	under the laws of the	e State of California	that the foregoing and	d all information here	on, including any
a	ccompanying statem	ents or documents, is	s true and correct to	the best of my knowl	edge and belief.	

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

