EF-577-A-R02-0809-20000389-1 BOE-577-A REV. 02 (08-09)

20
AIRPORT OPERATIONS REPORT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

DATE

TITI F

DAYTIME TELEPHONE

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 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 State of California that the foregoing and all information hereon, including any					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

accompanying statements or documents, is true and correct to the best of my knowledge and belief.



SIGNATURE

E-MAIL ADDRESS

NAME