EF-577-A-R02-0809-20000267-1 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

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	AIRCRAFT TYPE	AIRCRAFT IDENTIFICATION	INDICATE IF ARRIVAL OR	LOCAL TIME AND DATE
NUMBER	MAKE AND MODEL	(FLIGHT NUMBER)	DEPARTURE	
		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 accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE	DATE
<b>&gt;</b>	
NAME	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

