EF-577-A-R02-0809-22000368-1 BOE-577-A REV. 02 (08-09)

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## Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

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 pe	nalty of perjury under the la	aws of the State of California th	at the foregoing and all info	ormation hereon, including any	
accompanying statements or documents, is true and correct to the best of my kn			DATE		
NAME			TITLE		
E-MAIL ADDRESS			DAYTIME TE	DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

