EF-577-A-R02-0809-22000196-1 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

DATE

TITI F

DAYTIME TELEPHONE

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 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



SIGNATURE

E-MAIL ADDRESS

NAME