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SUSAN M. RANOCHAK **MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

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AIRPORT OPERATIONS REPORT

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 per	nalty of perjury under the law	ws of the State of California th ments, is true and correct to th	eat the foregoing and all info	ormation hereon, including any
SIGNATURE				
NAME			TITLE	
E-MAII ADDRESS				I EPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

