20 \_\_\_\_\_ AIRPORT OPERATIONS REPORT



## Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/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 INDICATE IF ARRIVAL OR (FLIGHT NUMBER) DEPARTURE		LOCAL TIME AND DATE	

## CERTIFICATION

I certify (or declare) und	er penalty of perjury ur	nder the laws of the State	e of California that the	e foregoing and all	information hereon,	including any
ac	companying statemen	ts or documents, is true	and correct to the be	st of my knowledge	e and belief.	

SIGNATURE	DATE
NAME	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE ( )

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

