EF-577-A-R02-0809-27000358-1 BOE-577-A REV. 02 (08-09)

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AIRPORT OPERATION	NS REPORT



## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

TITI F

DAYTIME TELEPHONE

assessor@co.monterey.ca.us

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		1
certify (or declare) under pen	alty of perjury under the l	laws of the State of California th	at the foregoing and all info	ormation hereon, including a
GNATURE	arrying staternerits or doc	uments, is true and correct to th	DATE	iu dellet.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS