20 _____ AIRPORT OPERATIONS REPORT



Rolf D. Kleinhans Nevada County Assessor Attn: Business Property Division 950 Maidu Avenue P.O. Boy 599002

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1259 Fax (530) 265-9858 Email: assessor@nevadacountyca.gov

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 fo	pregoing and all information l	hereon, including any
accompany	ving statements or documents, is t	true and correct to the best o	of my knowledge and belief.	

SIGNALURE	DATE	
NAME	TITLE	
E-MAIL ADDRESS	DAYTIME TELEPHONE	
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

