EF-577-A-R02-0809-34000404-1 BOE-577-A REV. 02 (08-09)

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AIRPORT C	PERATIONS	REPORT



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

AIRCRAFT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0740 FAX (916) 875-0735 https://assessor.saccounty.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		
ו certify (or declare) under pe accomp	nalty of perjury under the locally of statements or doc	aws of the State of California th uments, is true and correct to th	at the foregoing and all info ne best of my knowledge an	ormation hereon, including any nd belief.
SIGNATURE			DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

TITI F

DAYTIME TELEPHONE

NAME

E-MAIL ADDRESS