20 _____ AIRPORT OPERATIONS 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 | |
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CERTIFICATION

| I certify (or declare |) under penalty of perjury | under the laws of the | e State of Californ | ia that the foregoing | g and all information h | ereon, including any |
|-----------------------|----------------------------|-----------------------|---------------------|-----------------------|-------------------------|----------------------|
| | accompanying statem | ents or documents, is | s true and correct | to the best of my ki | nowledge and belief. | |
| | | | | | DATE | |

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

