20 _____ AIRPORT OPERATIONS REPORT



Marc C. Tonnesen Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

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) u	nder penalty of perjury	under the laws of	of the State of	f California	that the i	foregoing a	nd all information	hereon,	including any
	accompanying statem	ents or documer	nts, is true and	d correct to	the best	of my knov	vledge and belief	F	
SIGNATURE							DATE		

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

