EF-577-A-R02-0809-49000251-1 BOE-577-A REV. 02 (08-09)

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## Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Business Property Division 585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403-2872 Telephone: (707) 565-1330 FAX: (707) 565-3317

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<br>MAKE AND MODEL | AIRCRAFT IDENTIFICATION<br>(FLIGHT NUMBER)                             | INDICATE IF ARRIVAL OR<br>DEPARTURE | LOCAL TIME AND DATE            |  |
|                                 |                                 |  |                                     |                                |  |
|                                 |                                 |  |                                     |                                |  |
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|                                 |                                 |  |                                     |                                |  |
|                                 |                                 | CERTIFICATION  |                                     |                                |  |
| I certify (or declare) under pe | nalty of perjury under the la   | aws of the State of California th<br>uments, is true and correct to th | at the foregoing and all info       | ormation hereon, including any |  |
| SIGNATURE                       | DATE                            |  |                                     |                                |  |
| NAME                            |                                 |  | TITLE                               |                                |  |
| E-MAIL ADDRESS                  |                                 |  |                                     | DAYTIME TELEPHONE              |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

