EF-577-A-R02-0809-53000729-1 BOE-577-A REV. 02 (08-09)

20		
AIRPORT	OPERATIONS	REPORT



Deanna L. Bradford County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

P.O. Box 1255

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.

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COUNTY		AIRPORT NAME		CALENDAR YEAR
AIRCRAFT REGISTRATION	AIRCRAFT TYPE	AIRCRAFT IDENTIFICATION	INDICATE IF ARRIVAL OR	LOCAL TIME AND DATE
NUMBER	MAKE AND MODEL	(FLIGHT NUMBER)	DEPARTURE	
		CERTIFICATION		
 I certify (or declare) under pe	enalty of perjury under the law		at the foregoing and all info	rmation hereon, including any

accompanying statements or documents, is true and correct to the best of my knowledge and belief.

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

