EF-577-A-R02-0809-53000349-1 BOE-577-A REV. 02 (08-09)

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AIRPORT OPERATIONS	REPOR1



Shanna White 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.

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) under pe	enalty of perjury under the law	vs of the State of California th	at the foregoing and all info	rmation hereon, including any

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information 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

