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Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

DAYTIME TELEPHONE

AIRPORT OPERATIONS REPORT

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 accom	enalty of perjury under the law panying statements or docur	ws of the State of California th ments, is true and correct to th	at the foregoing and all in ne best of my knowledge a	ormation hereon, including any nd belief.			
SIGNATURE							
NAME	TITLE						

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS