EF-577-A-R02-0809-03000768-1 BOE-577-A REV. 02 (08-09)

20 _____

MAI	OK	.00p
19		
*	(4) =	1
	ed Y	
M	LIFO	RM

James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

TITI F

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	nalty of perjury under the la panying statements or docu	aws of the State of California th uments, is true and correct to th	nat the foregoing and all info	rmation hereon, including any d belief.	
SIGNATURE			DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



NAME

E-MAIL ADDRESS