EF-577-A-R02-0809-03000676-1
BOE-577-A REV. 02 (08-09)

**James B Rooney**
**Assessor of Amador County**
810 Court Street
Jackson, CA 95642
PH: (209) 223-6351
FAX: (209) 223-6721

**20 _____**

# 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 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**

EF-577-A-R02-0809-03000676