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AIRPORT OPERATIONS REPORT		

James B Rooney **Assessor of Amador County** 810 Court Street

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

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DAYTIME TELEPHONE

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			
	nalty of perjury under the l	aws of the State of California th	at the foregoing and all info	ormation hereon. including any	
accomp	panying statements or doc	uments, is true and correct to th	ne best of my knowledge ar	nd belief.	
GNATURE DATE					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



NAME

E-MAIL ADDRESS