EF-577-A-R02-0809-07000500-1 BOE-577-A REV. 02 (08-09)

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Gus Kramer County Assessor

Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

DAYTIME TELEPHONE

2530 Arnold Drive, Suite 100

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 per accomp	nalty of perjury under the language and anying statements or doc	aws of the State of California th uments, is true and correct to th	eat the foregoing and all info ne best of my knowledge ar	ormation hereon, including any
SIGNATURE DAT				
NAME			TITLE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS