



**Sendy Perez**

**Assessor**

516 W. Sycamore St., 2nd Floor  
Willows CA 95988  
Phone: (530) 934-6402  
Fax: (530) 934-6571

**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 <input type="text"/>		DATE <input type="text"/>
NAME <input type="text"/>		TITLE <input type="text"/>
E-MAIL ADDRESS <input type="text"/>		DAYTIME TELEPHONE ( <input type="text"/> ) <input type="text"/>

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

