EF-577-A-R02-0809-14000029-1 BOE-577-A REV. 02 (08-09)

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AIRPORT OPERATIONS REPORT	



County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

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	enalty of perjury under the law	vs of the State of California th	at the foregoing and all info	rmation 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

