EF-577-A-R02-0809-20000284-1 BOE-577-A REV. 02 (08-09)

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AIRPORT OPERATIONS REPO	RT



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

DAYTIME TELEPHONE

www.maderacounty.com/government/assessor

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	nalty of perjury under the loanying statements or doc	laws of the State of California th uments, is true and correct to th	at the foregoing and all info	ormation hereon, including any	
SIGNATURE		,	DATE	-	
NAME			TITLE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS