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Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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 | |
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| | | CERTIFICATION | | | |
| ו certify (or declare) under pe accomp | nalty of perjury under the locally of statements or doc | aws of the State of California th uments, is true and correct to th | at the foregoing and all info ne best of my knowledge an | ormation hereon, including any nd belief. | |
| SIGNATURE | | | DATE | | |

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TITI F

DAYTIME TELEPHONE



NAME

E-MAIL ADDRESS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION