



Kristen DePaul Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.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 |
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CERTIFICATION

| I certify (or declare) un | nder penalty of perjury under t | he laws of the State of | California that the foreg | joing and all information | hereon, including any |
|---------------------------|---------------------------------|-------------------------|---------------------------|---------------------------|-----------------------|
| | accompanying statements or | documents, is true and | correct to the best of m | ly knowledge and belief. | |

| SIGNATURE | DATE |
|----------------|-----------------------|
| NAME | TITLE |
| E-MAIL ADDRESS | DAYTIME TELEPHONE () |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

