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James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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
	SA	MF	LE	
	DC) N	\mathbf{O}	
		1.54		

CERTIFICATION

I certify (or declare) u	nder penalty of perjury	under the laws of the	e State of Californ	nia that the forego	ing and all information	hereon, including any
	accompanying stateme	ents or documents, i	s true and correc	t to the best of my	knowledge and belief.	-

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

