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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	ME	LE	
	DC			

CERTIFICATION

l certify (or declare) ι	under penalty of perjury	under the laws o	f the State of	[•] California that	t the foregoing	and all informatior	n hereon,	including any
	accompanying statem	ents or document	ts, is true and	l correct to the	best of my kno	wledge and belier	f.	

SIGNATURE	DATE
NAME	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

