20 \_\_\_\_\_



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

## 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	
		101		

## CERTIFICATION

I certify (or declare)	under penalty of perjury	/ under the laws of th	ne State of Calif	ornia that the for	regoing and all	information hereon,	including any
	accompanying staten	ients or documents, i	is true and corr	ect to the best of	f my knowledge	and belief.	

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

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

