EF-577-A-R02-0809-34000314-1 BOE-577-A REV. 02 (08-09)

AIRPORT OPERATIONS REPORT



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

AIRCRAFT SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0740 FAX (916) 875-0735 https://assessor.saccounty.gov

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
				•

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

DATE

TITI F

DAYTIME TELEPHONE



SIGNATURE

E-MAIL ADDRESS

NAME