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LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3640 Intra_County toll free: 1(800)479-8009

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 |
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CERTIFICATION

| I certify (or declare) u | inder penalty of perjury | under the laws of th | he State of Cali | ifornia that the fo | oregoing and all | information hereon, | including any |
|--------------------------|--------------------------|----------------------|------------------|---------------------|------------------|---------------------|---------------|
| | accompanying statem | ents or documents, | is true and con | rect to the best o | of my knowledge | e and belief. | |

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

