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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
	SA		LE	
	DC	\mathcal{F}	\bigcirc	
		ISH		

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	
	()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

