

Municipality of Anchorage

Department of Finance - Treasury Division

P O Box 196040

Anchorage, AK 99519-6040

(907) 343-6923

(907) 343-6121

REGISTRATION AND TAXATION OF AIRCRAFT

REBUTTAL STATEMENT

AMC 12.08.010 A. 2.

OWNER(S) NAME: _____

(Please print)

MAILING ADDRESS: _____

OWNER(S) TELEPHONE NO.: (Res.) _____ (Bus.) _____

FAA Registration No.(N number) _____

Year: _____

Make: _____

Model: _____

Number of Engines: _____

Tie Down Location: _____

(City & State)

NOTE: All persons owning any interest in an aircraft located or operated within the municipality shall register such aircraft in accordance with AMC 12.08. There shall be a rebuttal presumption that the following aircraft are subject to registration:

1. Aircraft whose Federal Aviation Administration registration shows a residence, business or mailing address of the owner located within the municipality;
2. Aircraft whose owner has a business, residence or mailing address within the municipality; or
3. Aircraft located at any site owned by the owner or operator of the aircraft or aircraft for which the owner or operator thereof parks or pays a fee for the privilege of locating such aircraft at a site within the municipality for 60 days or more during the registration year.

STATEMENT OF FACTS (to rebut the above presumptions):

Detail the facts which you claim demonstrate that the aircraft is neither located nor operated, nor a tie-down maintained within the Municipality of Anchorage or that you do not own any interest in the aircraft. Attach a separate sheet of paper if additional space is needed.

CERTIFICATION:

A notary public or other official empowered to administer oaths being unavailable, I certify under penalty of perjury that the facts and statements set forth above by me are provided by me for the purpose of proving I am not subject to the registration requirements or the payment of a registration tax pursuant to AMC 12.08 and that the facts and statements herein set forth or certified to by me are true.

_____, Dated _____
Signature of Person Making Rebuttal Statement

RETURN THIS COMPLETED FORM TO THE MUNICIPALITY OF ANCHORAGE AT THE ABOVE ADDRESS.