EF-270-AH-R05-0810-14000288-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**

**Dave Stottlemyre, Assessor** PO Box J Independence, CA 93526

**County of Inyo** 

760 878-0302 Phone inyoassessor@inyocounty.us

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| ADDRESS (STREET, CITY, STATE,                            | ZIP CODE)  |                            |   |                                |  |
|--|--|----------------------------|---|--------------------------------|--|
| ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC) |  |                            |   |                                |  |
|  | LIST ALL PERSONAL P  | ROPERTY FOR WHICH E        | XEMPTION IS CLAIMED                     |                                |  |
| DESCRIPTION  | DATE ENTERED CALIFORNIA  | DATE TAXES PAID            | AMOUNT OF TAXES PAID                    | STATE OR COUNTRY IN WHICH PAID |  |
| 1.   |  |                            |   |                                |  |
| 2.   |  |                            |   |                                |  |
| 3.   |  |                            |   |                                |  |
| 4.   |  |                            |   |                                |  |
| 5.   |  |                            |   |                                |  |
| (c) The property   | nove the property from the state is subject to taxation in some or country have been paid. | ther state or a foreign co |   | luring normal                  |  |
| FOR A  | SSESSOR'S USE ONLY   | NAME                       |   |                                |  |
| Received by  |  | ADDRESS (STRE              | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                |  |
| of   | (county or city)   | DAYTIME PHONE              | E NUMBER                                |                                |  |
| on   | (date)   | E-MAIL ADDRES              | S                                       |                                |  |
|  |  | CERTIFICATION              |   |                                |  |
| - 1  | under penalty of perjury under the managements or docum                                    |                            |   |                                |  |
| SIGNATURE OF PERSON MAKING                               | CLAIM  | TITLE                      |   | DATE                           |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION