EF-270-AH-R05-0810-14000080-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

County of Inyo

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

| NAME OF EXHIBITOR | | | | | |
|---|---|---------------------|---|--------------------------------|--|
| ADDRESS (STREET, CITY, STATE, ZI | P CODE) | | | | |
| ADDRESS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | |
| | LIST ALL PERSONAL P | ROPERTY FOR WHICH E | EXEMPTION IS CLAIMED | | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| I hereby state that: | | | | | |
| (c) The property is | ove the property from the state subject to taxation in some ot ountry have been paid. | - | | all current taxes due in the | |
| Whom should we contact during normal business hours for additional information? | | | | | |
| FOR AS | SESSOR'S USE ONLY | NAME | NAME | | |
| | | ADDRESS (STR | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| Received by | (Assessor's designee) | | | | |
| of | (county or city) | DAYTIME PHON | E NUMBER | | |
| On(date) | | E-MAIL ADDRES | E-MAIL ADDRESS | | |
| | | CERTIFICATION | | | |
| | der penalty of perjury under th | | | | |
| including any accompanying statements or documents, is trussignature of Person Making Claim | | TITLE | a complete to the best of my | DATE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

