EF-270-AH-R05-0810-14000733-1 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 760 878-0302 Phone

County of Inyo

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, ZII	P CODE)				
	,				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	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.					
hereby state that:					
state; (b) I intend to remo (c) The property is	y, scientific, educational, religitive the property from the state subject to taxation in some or country have been paid.	e following its use or exhi	bition here;		
Whom should we contact during normal business hours for additional information?					
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by			, , , , , , , , , , , , , , , , , , , ,		
Treceived by	(Assessor's designee)				
of					
·	(county or city)	DAYTIME PHONE	NUMBER		
on	(date)	()	(
	(uate)	E-WAIL ADDRESS	•		
		CERTIFICATION			
- 1	der penalty of perjury under th npanying statements or docum				
SIGNATURE OF PERSON MAKING C	LAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

