EF-270-AH-R05-0810-14000410-1 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 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.

ADDRESS (STREET, CITY, STATE	E, ZIP CODE)				
ADDRESS OF EXHIBITION (STR	EET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	PROPERTY 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.					
I hereby state that:					
state; (b) I intend to re (c) The property	erary, scientific, educational, religing emove the property from the state or is subject to taxation in some or or country have been paid.	e following its use or exhi	ibition here;		
		ı	Whom should we contact during normal business hours for additional information?		
FOR A	ASSESSOR'S USE ONLY	NAME			
Received by		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of	(county or city)	DAYTIME PHONE	E NUMBER		
on		() E-MAIL ADDRESS	() E-MAIL ADDRESS		
			-		
		CERTIFICATION			
	under penalty of perjury under the companying statements or docum				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION