EF-270-AH-R05-0810-14000096-1 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, ZI	P 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 is	ove the property from the state subject to taxation in some of buntry have been paid.	her state or a foreign co	ountry while in this state, and Whom should we contact d	uring normal
FOR AS	SESSOR'S USE ONLY	NAME	business hours for additiona	ii information?
Received by of on	(Assessor's designee) (county or city) (date)	DAYTIME PHONI () E-MAIL ADDRES		
		CERTIFICATION		
	der penalty of perjury under the panying statements or docum			
SIGNATURE OF PERSON MAKING C	LAIM	TITLE		DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

