EF-270-AH-R05-0810-14000479-1 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	; ZIP CODE)				
ADDRESS OF EXHIBITION (STRE	EET, 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.					
state; (b) I intend to rei (c) The property	rary, scientific, educational, religiting move the property from the state is subject to taxation in some or country have been paid.	e following its use or exhi	bition here; ountry while in this state, and	all current taxes due in the	
			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	DAYTIME PHONE NUMBER		
	(date)	E-MAIL ADDRESS	<u></u>		
		CERTIFICATION			
	under penalty of perjury under thomps and the companying statements or docum				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

