EF-270-AH-R05-0810-14000200-1 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

