EF-270-AH-R05-0810-14000391-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

POST PORT OF THE PROPERTY OF T

Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302

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.

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREET	ET, BOOTH, ETC.; BE SPECIFIC)				
	<del>T        </del>				
	LIST ALL PERSONAL P	PROPERTY FOR WHICH EX	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.					
4.		VII			
5.					
I hereby state that:					
state; (b) I intend to ren (c) The property other state or	ary, scientific, educational, religinove the property from the state is subject to taxation in some o country have been paid.	e following its use or exhi- ther state or a foreign co	bition here;	d all current taxes due in the	
FOR A	SSESSOR'S USE ONLY	NAME	NAME		
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of					
(county or city)		DAYTIME PHONE	DAYTIME PHONE NUMBER		
On(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
	under penalty of perjury under the ompanying statements or docum				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	
		I		1	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION