## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

P CODE)				
BOOTH, ETC.; BE SPECIFIC)				
LIST ALL PERSONAL P	ROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Δ	
DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
			-	
			-	
	VII		-	
/, <mark>scl</mark> entific, educat <mark>io</mark> nal, religi	ous, or artistic works in th	is state and is used only for t	ion, fair, carnival, or public hese purposes while in this	
subject to taxation in some o puntry have been paid.		Whom should we contact du	uring normal	
FOR ASSESSOR'S USE ONLY				
(Assessor's designee)	ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
(county or city)		NUMBER		
(date)	E-MAIL ADDRESS	( )		
	BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSONAL P DATE ENTERED CALIFORNIA DATE EN	BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSONAL PROPERTY FOR WHICH EX DATE ENTERED CALIFORNIA DATE TAXES PAID DATE ENTERED CALIFORNIA DATE TAXES PAID DATE INTERPORTION IN DATE TAXES PAID DATE ENTERED CALIFORNIA DATE TAXES PAID DATE ENTERED CALIFORNIA DATE TAXES PAID DATE ENTERED CALIFORNIA DATE TAXES PAID DATE TAXES PAID DATE ENTERED CALIFORNIA DATE TAXES PAID DATE T	BOOTH, ETC; BE SPECIFIC;         LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED         DATE ENTERED CALIFORNIA       DATE TAXES PAID         AMOUNT OF TAXES PAID         AMOUNT OF TAXES PAID         DATE ENTERED CALIFORNIA       DATE TAXES PAID         AMOUNT OF TAXES PAID         ADDRESS of use or exhibition at an exposit         Yes the property from the state following its use or exhibition here;         Subject to taxation in some other state or a foreign country while in this state, and puntry have been paid.         SESSOR'S USE ONLY       NAME         (Assessor's designee)       ADDRESS (STREET, CITY, STATE, ZIP CODE)         (Assessor's designee)       DAYTIME PHONE NUMBER         (County or city)       DAYTIME PHONE NUMBER         (dete)       E-MAIL ADDRESS	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE		

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

