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 | |
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| /, <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 | () | | |
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| | 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 | | |
|----------------------------------|-------|------|--|--|
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

