CLAIM FOR EXEMPTION OF AIR OR WATER POLLUTION CONTROL FACILITIES

State Form 24056 (R8 / 1-06)
Prescribed by Department of Local Government Finance

STATE OF INDIANA FORM 103-P

PRIVACY NOTICE
The records in this series are confidential according to IC 6-1.1-35-9.

MARCH 1, 20 _____
For Assessor's use only

INSTRUCTIONS: Attach to and file with Form 103.

Name of taxpayer (*please type or print*)	County
Address where property is located (*number and street, city, state, and ZIP code*)	DLGF taxing district number

RETURN OF PERSONAL PROPERTY OF INDUSTRIAL WASTE CONTROL FACILITIES TO ELIMINATE WATER POLLUTION CLAIMED TO BE EXEMPT FROM ASSESSMENT. **You must** forward a copy of this exemption claim to the Indiana Department of Environmental Management by Registered or Certified Mail. (*IC 6-1.1-10-10*). Pursuant to IC 6-1.1-10-10, report below all personal property employed predominantly in the operation of an industrial water treatment system for elimination of water pollution caused by industrial wastes. (See 50 IAC 4.2-11-6)

MONTH & YEAR ACQUIRED	TAX LIFE	TYPE OF WATER CONTROL FACILITY	TOTAL COST
			$
		TOTAL COST AS SHOWN ON LINE 5, SCHEDULE A, FORM 103	$

Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-10.

Signature of authorized person	Title	Date *(month, day, year)*

Signature of person preparing return based on all information of which he has any knowledge

Claim Air Pollution Control Exemption on reverse side.

RETURN OF PERSONAL PROPERTY OF STATIONARY INDUSTRIAL AIR PURIFICATION SYSTEMS CLAIMED TO BE EXEMPT FROM ASSESSMENT - STATE OF INDIANA

Pursuant to IC 6-1.1-10-13, report below all personal property employed predominantly in the operation of an industrial air purification system for elimination of air contamination caused by industrial wastes. (See 50 IAC 4.2-11-5)

MONTH & YEAR ACQUIRED	TAX LIFE	TYPE OF AIR CONTROL FACILITY	TOTAL COST
			$
		TOTAL COST AS SHOWN ON LINE 4, SCHEDULE A, FORM 103	$

Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-13.

Signature of authorized person	Title	Date *(month, day, year)*

Signature of person preparing return based on all information of which he has any knowledge

Forward copy to: (*by registered or certified mail*)
Indiana Department of Environmental Management
Indiana Government Center North
100 North Senate Avenue
Indianapolis, IN 46204

Claim Water Pollution Control Exemption on reverse side.