

## FORM 103-P

## PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9.

JANUARY 1, 20						
For Assessor's use only						

INSTRUCTIONS: Attach to and file with Form 103-Long.

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		
FROM ASSESSMENT. You mu or Certified Mail. (IC 6-1.1-10-1 water treatment system for elimi	ust forward a co 10). Pursuant to ination of water	opy of this exemption cla IC 6-1.1-10-10, report belo pollution caused by industr	im to the Indiana De ow all personal proper rial wastes. (See 50 IA	partment of Environmer by employed predominantl C 4.2-11.1-2)	JTION CLAIMED TO BE EXEMPT ntal Management by Registered y in the operation of an industrial	
MONTH & YEAR ACQUIRED	TAX LIFE	ASSET DESCRIPTION	- INDUSTRIAL WAST	E CONTROL FACILITY	TOTAL COST	
					\$	
TOTAL COST AS SHOWN ON LINE 5, SCHEDULE A, FORM 103-LONG \$						
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						

## 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 4.2-11.1-1.)

MONTH & YEAR ACQUIRED	TAX LIFE	ASSET DESCRIPTI	TOTAL COST				
				\$			
TOTAL COST AS SHOWN ON LINE 4, SCHEDULE A, FORM 103-LONG \$							
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