PARADISE VALLEY TELEVISION DISTRICT OR SHIELDS VALLEY TELEVISION TAX DISTRICT

PO BOX 1220 LIVINGSTON, MT 59047-1220 222–3146

Please return the enclosed form, **notarized**, plus a **copy of your most recent paid Park County tax receipt** (you must pay the tax). I will
issue you a refund and turn your tax receipt form into the Assessor's
Office, so the Paradise Television Tax or Shields Valley Television tax can
be removed from your future property tax bill. If you do not have a copy
of your paid tax receipt you can obtain one from the Park County
Treasurer's Office.

If you only want the tax removed, just fill out the form and return it. Be sure your *tax payer number* is on the form. It is on the upper right corner of your bill.

If you have more then one property that is being taxed, I will need a form and tax receipt for each.

Once a refund has been issued, please check your future tax bill(s) to make sure the tax has been removed.

Thank you.

Billie Kaye Harms, Treasurer Paradise Valley TV Tax District

Biece Kaye Harms

Shields Valley TV Tax District

PARADISE VALLEY TELEVISION TAX DISTRICT SHIELDS VALLEY TELEVISION TAX DISTRICT

PARADISE BOARD MEMBERS GENEVIEVE ESSIG STUART SITES

STATE OF MONTANA

SHIELDS VALLEY BOARD MEMBERS BOB QUEEN TOM SARRAZIN BILLIE KAYE HARMS

Therefore I claim to be held exempt from the payment of the tax provided by law, for the support of said Paradise Valley Television Tax District or Shields Valley Television Tax District..

I also understand that if in the future, if I do make use of the television signal of the Paradise Valley or Shields Valley Television Tax District translator stations, I will notify the Directors of said Paradise

I fully understand that under the laws of the State of Montana, it is a misdemeanor to make a false or fraudulent claim for exemption from said tax.

Valley Television Tax District, or Shields Valley Television Tax District.

TAX PAYER NUMBER	•	Paradise	Shields _	
(Top right corner of property tax bill)		(0	(check one)	
		•		
	Date)		
Signature of Claimant				
		*		
Mailing Address Town		State	Zip	
Subscribe and sworn to before me on this	day of	, 20		
NOTARY PUBLIC OF	THE STA	TE OF MO	ANATA	
Residing at:				
My Commission Expire	á•		•	

RETURN THIS NOTARIZED FORM ALONG WITH A COPY OF YOUR MOST RECENT PAID PARK COUNTY TAX RECEIPT TO THE ADDRESS BELOW.

PO Box 1220, Livingston, MT 59047 406-222-3146