

LINCOLN COUNTY TV DISTRICT

P.O. Box 216
Pioche, NV 89043
775-962-5336
Fax: same
e-mail: lctvd@yahoo.com

AFFIDAVIT FOR NON-USE OF TELEVISION DISTRICT SIGNALS

I, _____ of _____
(name) (town)

Lincoln County, Nevada, being first duly sworn, does depose and say:

1.

That I do not own, or possess a television set at this time that is capable of receiving signals from cable or the Lincoln County Television District.

2.

I further certify that this Affidavit is made to eliminate responsibility for the payment of the Television Assessment under penalty of law per NRS (Nevada Revised Statutes) Number 318.1192.

3.

If a television is acquired that will receive cable or Lincoln County Television signal, we will notify the Television District.

4.

This Affidavit **must be renewed on a fiscal year basis.**

DATED: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

ASSESSOR PARCEL NUMBER: _____

NOTARY: _____

STAMP: