EF-270-AH-R05-0810-11000220-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM

Assessor 516 W. Sycamore St., 2nd Floor Willows CA 95988

Phone: (530) 934-6402 Fax: (530) 934-6571

Sendy Perez

FROM PROPERTY TAXES

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREET	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY FOR WHICH EX	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.					
4.					
5.					
I hereby state that:					
(c) The property	nove the property from the state is subject to taxation in some o country have been paid.		untry while in this state, and		
	Whom should we contact during normal business hours for additional information?				
FOR A	SSESSOR'S USE ONLY	NAME			
Received by		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of	(county or city)	DAYTIME PHONE	DAYTIME PHONE NUMBER		
On(date)		() E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
	inder penalty of perjury under th ompanying statements or docun				
SIGNATURE OF PERSON MAKING	G CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

