EF-270-AH-R05-0810-11000065-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

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

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

Sendy Perez

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

ADDRESS (STREET, CITY, STATE	ZIR CODE)				
	,				
ADDRESS OF EXHIBITION (STRE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL I	PROPERTY	FOR WHICH EX	XEMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE 1	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.					
2.					
3.					
4.					
5.					
(c) The property	move the property from the state is subject to taxation in some of country have been paid.	•	or a foreign co		during normal
FOR A	SSESSOR'S USE ONLY		NAME		
Received by			ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of			DAYTIME PHONE NUMBER () E-MAIL ADDRESS		
CERTIFICATION					
	under penalty of perjury under ti ompanying statements or docur				
SIGNATURE OF PERSON MAKING CLAIM			TITLE		DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

