EF-270-AH-R05-0810-03000678-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

** THE OR THE

Assessor of Amador County 810 Court Street

James B Rooney

Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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

ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)

DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
ereby state that:				
	or country have been paid.		Whom should we contact d business hours for additiona	
FOR	ASSESSOR'S USE ONLY	NAME		
		ADDRESS (STRI	EET, CITY, STATE, ZIP CODE)	
Deserved by	(Assessor's designee)			
Received by				
of	(county or city)	DAYTIME PHONI	E NUMBER	
of	(county or city)	DAYTIME PHONI () E-MAIL ADDRES		
of	(county or city)	()		
I certify (or declare)	(county or city) (date) under penalty of perjury under to	CERTIFICATION he laws of the State of Co	s alifornia that the foregoing an	
ofon	(county or city) (date) under penalty of perjury under to companying statements or docur	CERTIFICATION he laws of the State of Co	s alifornia that the foregoing an d complete to the best of my i	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION