EF-270-AH-R05-0810-05000735-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249

Larie Durham

209.754.6356 assessorpublic@co.calaveras.ca.us

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

ADDRESS (STREET, CITY, STATE, 2	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	ROPERTY FOR WHICH E	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.					
(c) The property is	nove the property from the state is subject to taxation in some of country have been paid.	her state or a foreign co	ountry while in this state, and Whom should we contact d	uring normal	
FOD 46	SCECCODIC HCE ONLY	NAME	ousiness hours for additiona	I information?	
Received by		DAYTIME PHONE	ADDRESS (STREET, CITY, STATE, ZIP CODE) DAYTIME PHONE NUMBER () E-MAIL ADDRESS		
		CERTIFICATION			
• • • • • • • • • • • • • • • • • • • •	nder penalty of perjury under th mpanying statements or docum				
SIGNATURE OF PERSON MAKING	CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

