EF-270-AH-R05-0810-11000671-1 BOE-270-AH REV. 05 (08-10)

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.

NAME OF EXHIBITOR					
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.					
hereby state that:					
(c) The property is	ove the property from the state s subject to taxation in some ot country have been paid.	•		all current taxes due in the	
			Whom should we contact d		
FOR AS	SSESSOR'S USE ONLY	NAME	NAME		
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
Of(county or city)		DAYTIME PHONI	DAYTIME PHONE NUMBER		
On(date)		E-MAIL ADDRES	E-MAIL ADDRESS		
		CERTIFICATION			
	nder penalty of perjury under th mpanying statements or docum				
SIGNATURE OF PERSON MAKING		TITLE	a complete to the best of my l	DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

