EF-270-AH-R05-0810-20000721-1 BOE-270-AH REV. 05 (08-10)

## **EXHIBITION EXEMPTION CLAIM**

**Madera County Assessor** 200 West 4th Street Madera, CA 93637-3548

**Brett Frazier** 

Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

## **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 (STREE  | ET BOOTH ETC : BE SDECIEIO   |                     |  |                                   |  |
| ADDRESS OF EXHIBITION (STREE  | er, Booth, etc., be specific)  |                     |  |                                   |  |
|                               | LIST ALL PERSONAL P  | ROPERTY FOR WHICH E | EXEMPTION IS CLAIMED                       |                                   |  |
| DESCRIPTION                   | DATE ENTERED CALIFORNIA  | DATE TAXES PAID     | AMOUNT OF TAXES PAID                       | STATE OR COUNTRY IN<br>WHICH PAID |  |
| 1.                            |  |                     |  |                                   |  |
| 2.                            |  |                     |  |                                   |  |
| 3.                            |  |                     |  |                                   |  |
| 4.                            |  |                     |  |                                   |  |
| 5.                            |  |                     |  |                                   |  |
| hereby state that:            |  |                     |  |                                   |  |
| (c) The property              | nove the property from the state<br>is subject to taxation in some of<br>country have been paid. | -                   |  |                                   |  |
|                               |  |                     | business hours for additional information? |                                   |  |
| FOR A                         | SSESSOR'S USE ONLY   | NAME                |  |                                   |  |
|                               |  | ADDRESS (STR.       | EET, CITY, STATE, ZIP CODE)                |                                   |  |
| Received by                   | (Assessor's designee)  |                     |  |                                   |  |
| of(county or city)            |  | DAYTIME PHON        | E NUMBER                                   |                                   |  |
| on                            |  | E-MAIL ADDRES       | E-MAIL ADDRESS                             |                                   |  |
|                               |  | CERTIFICATION       |  |                                   |  |
|                               | under penalty of perjury under the penalty of perjury under the penanying statements or docum    |                     |  |                                   |  |
| SIGNATURE OF PERSON MAKING    |  | TITLE               | ,  | DATE                              |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

