EF-270-AH-R05-0810-23000646-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**

501 Low Gap Road, Room 1020

SUSAN M. RANOCHAK

**MENDOCINO COUNTY ASSESSOR** 

Ukiah, CA 95482

Telephone: (707) 463-4315 Fax: (707) 463-6597

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

| ADDRESS (STREET, CITY, STATE, ADDRESS OF EXHIBITION (STREE |  |                            |   |                     |  |
|--|--|----------------------------|---|---------------------|--|
|  | LIST ALL PERSONAL I  | PROPERTY FOR WHICH E       | EXEMPTION IS CLAIMED  |                     |  |
| DESCRIPTION  | DATE ENTERED CALIFORNIA  | DATE TAXES PAID            | AMOUNT OF TAXES PAID  | STATE OR COUNTRY IN |  |
|  | BATE EITHERED OAEN OTHER   | BATE TAKES TAKE            | AMOGRETON INVESTALS   | WHICH PAID          |  |
| 1.   |  |                            |   |                     |  |
| 2.   |  |                            |   |                     |  |
| 3.   |  |                            |   |                     |  |
| 4.   |  |                            |   |                     |  |
| 5.   |  |                            |   |                     |  |
| hereby state that:   |  |                            |   | 1                   |  |
|  | is subject to taxation in some of country have been paid.        | other state or a foreign c | ountry while in this state, and  Whom should we contact of business hours for additiona | luring normal       |  |
| FOR AS   | SSESSOR'S USE ONLY   | NAME                       |   |                     |  |
| Received by  | (Assessor's designee)  | ADDRESS (STR               | ADDRESS (STREET, CITY, STATE, ZIP CODE)   |                     |  |
| of   | , ,  |                            |   |                     |  |
| (county or city) On  |  | DAYTIME PHON               | DAYTIME PHONE NUMBER  |                     |  |
| OII  | (date)   | E-MAIL ADDRES              | SS  |                     |  |
|  |  | CERTIFICATION              |   |                     |  |
|  | nder penalty of perjury under to<br>mpanying statements or docur |                            |   |                     |  |
| SIGNATURE OF PERSON MAKING                                 | CLAIM  | TITLE                      |   | DATE                |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION