EF-270-AH-R05-0810-23000034-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)

## **EXHIBITION EXEMPTION CLAIM**



501 Low Gap Road, Room 1020

**MENDOCINO COUNTY ASSESSOR** 

Ukiah, CA 95482 Telephone: (707) 234-6800

Fax: (707) 463-6597

Katrina Bartolomie

## **FROM PROPERTY TAXES**

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)

	LIST ALL PERSONAL	PROPERTY FOR WHICH E	EXEMPTION 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:	I		I	
(a) The property exhibit of liter state;	is brought into this state exclusive ary, scientific, educational, religion	usively for purposes of u gious, or artistic works in	se or exhibition at an expos this state and is used only for	ition, fair, carnival, or publ these purposes while in th
(b) I intend to rer	nove the property from the stat	te following its use or exh	nibition here;	
	is subject to taxation in some country have been paid.	other state or a foreign c	ountry while in this state, and	d all current taxes due in the
			Whom should we contact of business hours for additional	during normal al information?
FOR A	SSESSOR'S USE ONLY	NAME		
		ADDRESS (STR	EET, CITY, STATE, ZIP CODE)	
Received by	(Assessor's designee)			
of	(Assessor's designee)			
	(county or city)	DAYTIME PHON	IE NUMBER	
on	(date)	E-MAIL ADDRES	SS	
		CERTIFICATION		
I certify (or declare) i	under penalty of perjury under t	the laws of the State of C	California that the foregoing a	nd all information hereon
- 1	ompanying statements or docu			
GIGNATURE OF PERSON MAKING	G CLAIM	TITLE		DATE
	THIS DOCUMEN	T IS SUBJECT TO PU	IBLIC INSPECTION	1