EF-270-AH-R05-0810-25000450-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

IS CYLIFORNIT

Modoc County Assessor 204 Sout Court Street, Suite 106

Kristen DePaul

Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.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,	ZIP CODE)				
ADDRESS OF EXHIBITION (STRE	ET, 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	nove the property from the state is subject to taxation in some ot country have been paid.	her state or a foreign co		uring normal	
			business nours for additiona	ii information?	
FOR A	SSESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by					
	(Assessor's designee)				
of					
(county or city)		DAYTIME PHONE	DAYTIME PHONE NUMBER		
on	(date)	E-MAIL ADDRES	S		
		CERTIFICATION			
	under penalty of perjury under th Ompanying statements or docum				
SIGNATURE OF PERSON MAKING	G CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

