EF-270-AH-R05-0810-31000685-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

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



## Matthew R. Maynard Placer County Assessor

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gc

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

| NAME OF EXHIBITOR   |  |                      |   |                                |  |
|---|--|----------------------|---|--------------------------------|--|
| ADDRESS (STREET, CITY, STATE                              | , ZIP CODE)  |                      |   |                                |  |
| ADDRESS OF EXHIBITION (STRE                               | ET, BOOTH, ETC.; BE SPECIFIC)  |                      |   |                                |  |
|   |  |                      |   |                                |  |
|   | LIST ALL PERSONAL F  | 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.  |  |                      |   |                                |  |
| I hereby state that:                                      |  |                      |   |                                |  |
| (c) The property  | move the property from the state<br>is subject to taxation in some of<br>country have been paid. | -                    |   | all current taxes due in the   |  |
|   |  |                      | Whom should we contact d business hours for additiona |                                |  |
| FOR A   | SSESSOR'S USE ONLY   | NAME                 | NAME  |                                |  |
|   |  | ADDRESS (STR         | ADDRESS (STREET, CITY, STATE, ZIP CODE)               |                                |  |
| Received by   | (Assessor's designee)  |                      |   |                                |  |
| of(county or city)  |  | DAYTIME PHON         | DAYTIME PHONE NUMBER                                  |                                |  |
| on  |  | E-MAIL ADDRES        | E-MAIL ADDRESS  |                                |  |
|   |  | CERTIFICATION        |   |                                |  |
| • •   | under penalty of perjury under the   |                      |   |                                |  |
| including any accompanying statements or documents, is to |  | TITLE                | a complete to the best of my                          | DATE                           |  |
|   |  |                      |   |                                |  |

