EF-270-AH-R05-0810-36000276-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor-Recorder-County Clerk San Bernardino County

Josie Gonzales

222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

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 SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY FOR WHICH E	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN	
1.				WHICH PAID	
2.					
3.					
4.					
5.					
I hereby state that:					
exhibit of litera state; (b) I intend to rem (c) The property i	is brought into this state exclusions, scientific, educational, religions the property from the state is subject to taxation in some o	ous, or artistic works in the following its use or exhi	nis state and is used only for bition here;	these purposes while in this	
other state or country have been paid. Whom should we contact during normal business hours for additional information?					
FOR AS	SSESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE	E NUMBER		
On(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
	nder penalty of perjury under the mpanying statements or docun				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

