EF-270-AH-R05-0810-49000780-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## 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.



## William F Rousseau Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1887

FAX: (707) 565-3318 FAX: (707) 565-3317

|                                 | 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 WHICH PAID |
|                                 |  |  |  |                                |
|                                 |  |  |  |                                |
| i.                              |  |  |  |                                |
|                                 |  |  |  |                                |
| 5.                              |  |  |  |                                |
| (c) The property is             | nove the property from the state<br>s subject to taxation in some o<br>country have been paid. | other state or a foreign co  |  | uring normal                   |
| FOR AS                          | SSESSOR'S USE ONLY   | NAME   | business nours for additiona               | ii iiioiiiiauoii :             |
| Received by                     |  | ADDRESS (STR   | EET, CITY, STATE, ZIP CODE)                |                                |
| Received by                     | (Assessor's designee)  |  |  |                                |
|                                 | (Assessor's designee) (county or city)   | DAYTIME PHON   |  |                                |
| of                              | (Assessor's designee)  |  | E NUMBER                                   |                                |
| of                              | (Assessor's designee) (county or city)   | DAYTIME PHON   | E NUMBER                                   |                                |
| of on I certify (or declare) ur | (Assessor's designee) (county or city)   | DAYTIME PHON  ( )  E-MAIL ADDRES  CERTIFICATION  he laws of the State of C | E NUMBER S alifornia that the foregoing an |                                |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION