EF-270-AH-R05-0810-54000341-1 BOE-270-AH REV. 05 (08-10)

Assessor by February 15.

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

California de la califo

County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

DATE

Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

## To receive the full exemption, a claimant must complete and file this form with the

| AME OF EXHIBITOR   |  |   |  |                                |  |
|--|--|---|--|--------------------------------|--|
| DDRESS (STREET, CITY, STATE                                | E, ZIP CODE)   |   |  |                                |  |
| DDRESS OF EXHIBITION (STRE                                 | EET, 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 WHICH PAID |  |
|  |  |   |  |                                |  |
|  |  |   |  |                                |  |
|  |  |   |  |                                |  |
|  |  |   |  |                                |  |
| 5.   |  |   |  |                                |  |
| exhibit of lite state; (b) I intend to re (c) The property | r is brought into this state exclurary, scientific, educational, religing move the property from the state is subject to taxation in some or country have been paid. | ous, or artistic works in the following its use or exhi | his state and is used only for ibition here; | these purposes while in t      |  |
|  |  | ı   | Whom should we contact d                     |                                |  |
| FOR A  | ASSESSOR'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 ADDRESS  | E-MAIL ADDRESS                               |                                |  |
|  |  | CERTIFICATION   |  |                                |  |
| Loortify (or doctors)                                      | under penalty of perjury under th  | as laws of the State of Co                              | .Pf  |                                |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

TITLE



SIGNATURE OF PERSON MAKING CLAIM