EF-270-AH-R05-0810-57000311-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

County of Yolo

COUNTY ASSESSOR
625 Court St, Rm. 104
Woodland, CA 95695
Woodland/Davis (530) 666-8135
Fax (530) 666-8213
West Sacramento (916) 375-6496

assessor@yolocounty.org

YOLO COUNTY

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 (STRE | ET, BOOTH, ETC.; BE SPECIFIC) | | | | |
| | LIST ALL PERSONAL F | PROPERTY FOR WHICH | 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 is subject to taxation in some of country have been paid. | _ | | I all current taxes due in the | |
| | | | Whom should we contact during normal business hours for additional information? | | |
| FOR ASSESSOR'S USE ONLY | | | NAME | | |
| | | | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| Received by | (Assessor's designee) | | | | |
| of(county or city) | | DAYTIME PHO | DAYTIME PHONE NUMBER | | |
| on | | E-MAIL ADDR | E-MAIL ADDRESS | | |
| | | CERTIFICATION | | | |
| - · · · · · · · · · · · · · · · · · · · | under penalty of perjury under th | | | | |
| including any acco | ompanying statements or docun | nents, is true, correct a | nd complete to the best of my | knowledge and belief. | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

