EF-270-AH-R05-0810-03000363-1 BOE-270-AH REV. 05 (08-10)

Assessor by February 15.

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

must complete and file this form with the

Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351

James B Rooney

FAX: (209) 223-6721 To receive the full exemption, a claimant

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS OF EXHIBITION (STREET	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.		Λ Λ Γ			
3.					
4.		VII			
5.					
exhibit of literar state; (b) I intend to remote (c) The property is other state or continuous cont	s brought into this state excluy, scientific, educational, religions the property from the state subject to taxation in some country have been paid. SESSOR'S USE ONLY	pious, or artistic works in the following its use or exhibiter state or a foreign co	nis state and is used only for bition here;	these purposes while in this all current taxes due in the	
Received by	(Assessor's designee)	ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of	(county or city)	DAYTIME PHONE	NUMBER		
On(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.					
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

