## 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.



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

NAME OF EXHIBITOR	२					
ADDRESS (STREET,	CITY, STATE, ZIP C	CODE)				
ADDRESS OF EXHIBI	ITION (STREET, BO	DOTH, ETC.; BE SPECIFIC)				Λ
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED						
DESCRIP	PTION	DATE ENTERED CALIFORNIA	DATE TAXES	PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.						
2.			$\Lambda$ $\Lambda$			
3.						-
4.						
5.						
exhil state	property is b bit of literary, e;	scientific, educational, relig	jious, or artistic v	vorks in this	state and is used only fo	osition, fair, carnival, or public or these purposes while in this
. ,		e the property from the stat ubject to taxation in some o	•			nd all current taxes due in the
other state or country have been paid. Whom should we contact during normal business hours for additional information?						
FOR ASSESSOR'S USE ONLY						
Received by			ADD	RESS (STREET,	CITY, STATE, ZIP CODE)	
of		lssessor's designee)				
(county or city)			DAY (	DAYTIME PHONE NUMBER		
(date)			E-M.	E-MAIL ADDRESS		
CERTIFICATION						
I certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information bereon						

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				

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

