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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, STAT	E, ZIP CODE)			
ADDRESS OF EXHIBITION (STR	EET, BOOTH, ETC.; BE SPECIFIC)	PROPERTY FOR WHICH EX		Λ
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.	CA	ΛAE		
4.	UA	VIF		
5.				
exhibit of lite state;	y is brought into this state exclu erary, scientific, educational, religi emove the property from the state	ious, or artistic works in th	his state and is used only for the	n, fair, carnival, or public ese purposes while in this
	y is subject to taxation in some of country have been paid.		Whom should we contact dur business hours for additional in	ing normal
FOR	ASSESSOR'S USE ONLY	NAME		
Received by	(Assessor's designee)	ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)	
of	(county or city)	DAYTIME PHONE	NUMBER	
ON(date)		E-MAIL ADDRESS	() E-MAIL ADDRESS	
		CERTIFICATION		
Loortify (or dooloro)	under penalty of periupy under th	ha lawa of the State of Ca	lifernia that the ferenceing and	all information baroon

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			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

