## 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.



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

NAME OF	EXHIBITOR						
ADDRESS	6 (STREET, CITY, STATE, ZIP	CODE)					
ADDRESS	S OF EXHIBITION (STREET, E	300TH, ETC.; BE SPECIFIC)				Λ	
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED							
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TA	XES PAID	AMOUNT OF TAXES PAID	STAT <mark>E</mark> OR COUNTRY IN WHICH PAID	
1.							
2.							
3.						-	
4.			V				
5.							
<ul> <li>I hereby state that:</li> <li>(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or publi exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;</li> </ul>							
<ul> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> <li>(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in the other state or country have been paid.</li> </ul>							
					business hours for additional information?		
FOR ASSESSOR'S USE ONLY							
Rece	ived by			ADDRESS (STREE	T, CITY, STATE, ZIP CODE)		
of		(Assessor's designee)					
of				DAYTIME PHONE NUMBER			
	(date)			E-MAIL ADDRESS			
CERTIFICATION							
l ce	I certify (or declare) under penalty of periury 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

