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 (STREET, CITY, STATE, ZI	P CODE)				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.	$\mathbf{N} \mathbf{A}$			-	
4.				-	
5.					
	s brought into this state exclu y, scientific, educational, relig				
	ove the property from the stat subject to taxation in some			all aurrant taxaa dua in tha	
	ountry have been paid.	ICI	Whom should we contact de usiness hours for additiona	uring normal	
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE	DAYTIME PHONE NUMBER		
on		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
L certify (or declare) un	der penalty of periury under t		lifornia that the foregoing an	d 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

