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.



EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5739

| NAME OF EXHIBITOR | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | |
| ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC) | |
| LIST ALL PERSONAL PROPERT | Y FOR WHICH EXEMPTION IS CLAIMED |
| DESCRIPTION DATE ENTERED CALIFORNIA DATE | E TAXES PAID AMOUNT OF TAXES PAID STATE OR COUNTRY IN WHICH PAID |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| exhibit of literary, scientific, educational, religious, or a state;(b) I intend to remove the property from the state following | purposes of use or exhibition at an exposition, fair, carnival, or public rtistic works in this state and is used only for these purposes while in this g its use or exhibition here; e or a foreign country while in this state, and all current taxes due in the Whom should we contact during normal business hours for additional information? |
| FOR ASSESSOR'S USE ONLY | NAME |
| | ADDRESS (STREET, CITY, STATE, ZIP CODE) |
| Received by | |
| of(county or city) | DAYTIME PHONE NUMBER |
| ON(<i>date</i>) | _ () E-MAIL ADDRESS |
| CER | TIFICATION |
| | f 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 | |
|----------------------------------|-------|------|--|
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| | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

