EF-270-AH-R05-0810-16000161-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Kings County 1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

Office of the Assessor

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| ADDRESS (STREET, CITY, STATE, ZIP | CODE) | | | | | |
|--|--|-------------|---|--|--------------------------------|--|
| ADDRESS OF EXHIBITION (STREET, E | BOOTH FTC : BE SPECIFIC) | | | | | |
| TIBELLES OF EXHIBITION (OTTLET), I | | | | | | |
| | LICTALL DEPOCALAL | POPERTY | FOR MUNICIPE | TARTION IS OF AIMED | | |
| LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED | | | | | | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE | TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| I hereby state that: | | | | | | |
| | br <mark>ou</mark> ght into <mark>this sta</mark> te exclu , <mark>sc</mark> ientific, educational, relig | | | | | |
| (b) I intend to remove | ve the property from the state | e following | its use or exhib | pition here; | | |
| (c) The property is subject to taxation in some other state or a souther state or country have been paid. | | | | 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) | | | |
| Descived by | | | ADDICES (STREET, OTT), STREE, ZIF CODE) | | | |
| Received by | (Assessor's designee) | | | | | |
| of | | | | | | |
| (county or city) | | | DAYTIME PHONE NUMBER | | | |
| on(date) | | | E-MAIL ADDRESS | | | |
| (uate) | | | E-MAIL ADDICEO | | | |
| CERTIFICATION | | | | | | |
| 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 | |
| | | | | | 1 | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION