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.



Brett Frazier Madera County Assessor 200 West 4th Street

Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZI	P CODE)				
ADDRESS OF EXHIBITION (STREET,					
	LIST ALL PERSONAL	PROPERTY FOR V	VHICH EXE	MPTION 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:					
(a) The property is	brought into this state excl y, scientific, educational, relig				
(b) I intend to remo	ove the property from the star	te following its use	e or exhibit	tion here;	
	subject to taxation in some ountry have been paid.	other state or a fo	v	htry while in this state, and Whom should we contact of siness hours for addition	during normal
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDF	ESS (STREET	, CITY, STATE, ZIP CODE)	
Received by	(Assessor's designee)				
of					
on		(
	(date)	E-MA	LADDRESS		
		CERTIFICA	ΓΙΟΝ		
	der penalty of perjury under a				

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SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

