

**EXHIBITION EXEMPTION CLAIM  
FROM PROPERTY TAXES**

**To receive the full exemption, this claim  
must be filed by 5:00 p.m., February 15.**



**Shelly Scott**  
**Assessor-Recorder-County Clerk**  
 County of Marin  
 CHANGE IN OWNERSHIP DIVISION  
 P.O. Box C  
 San Rafael, CA 94913  
 Phone: (415) 473-7231  
 Fax: (415) 473-6255  
[www.marincounty.gov](http://www.marincounty.gov)

NAME OF EXHIBITOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)

ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)

**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:

- (a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;
- (b) I intend to remove the property from the state following its use or exhibition here;
- (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.

**DO NOT USE!**  
**Whom should we contact during normal business hours for additional information?**

<b>FOR ASSESSOR'S USE ONLY</b>		NAME
Received by _____ (Assessor's designee)		ADDRESS (STREET, CITY, STATE, ZIP CODE)
of _____ (county or city)		DAYTIME PHONE NUMBER (      )
on _____ (date)		E-MAIL ADDRESS

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or materials, 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**

