NAME OF EXHIBITOR

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.



SUSAN M. RANOCHAK MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

ADDRESS (STREET, CITY, STATE,	ZIP CODE)					
ADDRESS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				Л	
	LIST ALL PERSONAL	PROPERTY FOR WHI	CH EXEMPTION IS CLAI	MED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAX	XES PAID	STAT <mark>E</mark> OR COUNTRY IN WHICH PAID	
1.						
2.		N //				
3.	NA					
4.						
5.						
exhibit of litera state;	is brought into this state exclu ary, scientific, educational, relig nove the property from the stat	ious, or artistic works	in this state and is use			
(c) The property i	s subject to taxation in some o country have been paid.	-		e contact durin	g normal	
FOR AS	SSESSOR'S USE ONLY	NAME				
Received by	(Assessor's designee)	ADDRESS	(STREET, CITY, STATE, ZIP COL	DE)		
of	(county or city)	DAYTIME F	PHONE NUMBER			
On(<i>date</i>)			() E-MAIL ADDRESS			
		CERTIFICATIO	N			

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			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

