## 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

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
	, ,				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	ROPERTY FOR WHICH E	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.	$\mathbf{C}$				
3.	NA			-	
4.					
5.					
I hereby state that:					
	is brought into this state exclu ary, scientific, educational, religi				
	nove the property from the state	e following its use or exhi	bition here;		
(c) The property i	is subject to taxation in some o country have been paid.	ther state or a foreign co		uring normal	
FOR A	SSESSOR'S USE ONLY	NAME		Information ?	
Descined by		ADDRESS (STRE	EET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)				
		()	DAYTIME PHONE NUMBER		
ON(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
l contific (or do clore)	inder penalty of perius under th		alifernia that the foregoing and	d all information baraan	

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

