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.



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

NAME	OF EXHIBITOR							
ADDRE	SS (STREET, CITY, STATE, ZIF	° CODE)						
ADDRE	SS OF EXHIBITION (STREET, I	BOOTH, ETC.; BE SPECIFIC)				Λ		
	LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED							
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID		
1.								
2.								
3.						- /		
4.								
5.								
	exhibit of literary state;(b) I intend to remove (c) The property is a state of the p	v, scientific, educational, relig	gious, or arti	stic works in thi its use or exhib or a foreign cou	untry while in this state, and while in this state, and while while in this state, and while while while while we contact du	hese purposes while in this all current taxes due in the uring normal		
	FOR ASS	SESSOR'S USE ONLY		NAME	usiness hou <mark>rs</mark> for additional	information?		
				ADDRESS (STREE	T, CITY, STATE, ZIP CODE)			
Rec	eived by	(Assessor's designee)						
of		(county or city)			NUMBER			
on				() E-MAIL ADDRESS				
		(uare)						
			CERTI	FICATION				
Ιc	ertify (or declare) und	ler penalty of perjury under t	the laws of t	he State of Cal	lifornia that the foregoing and	d 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

