## 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.



## Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106

204 Sout Court Street, Suite 10 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

NAME	OF EXHIBITOR								
ADDRE	SS (STREET, CITY, STATE, ZI	P CODE)							
ADDRE	SS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)							
		LIST ALL PERSONAL F	ROPERTY FOR	R WHICH EXE	MPTION IS CLAIMED				
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXE	S PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID			
1.									
2.									
3.		<b>NA</b>							
4.			VI						
5.									
l here	exhibit of literar state;	y, <mark>scientific, educatio</mark> nal, religi	ous, or artistic	works in this	state and is used only	osition, fair, carnival, or public for these purposes while in this			
	<ul> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> <li>(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 state of 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 state of 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 state of 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 state of 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 state of the property is subject to taxation.</li> </ul>								
	other state or country have been paid. Whom should we contact during normal business hours for additional information?								
FOR ASSESSOR'S USE ONLY									
Rec	eived by		AD	DRESS (STREET,	CITY, STATE, ZIP CODE)				
of		(Assessor's designee)							
		(county or city)	DA (	AYTIME PHONE NU	JMBER				
on		(date)	X	MAIL ADDRESS					
L			CERTIFIC						
10	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

