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.



Kristen DePaul Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237

assessor@co.modoc.ca.us

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE	E, ZIP CODE)				
ADDRESS OF EXHIBITION (STRE	EET, 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.		N ///		-	
3.	NA I			-	
4.					
5.					
I hereby state that:					
			f use or exhibition at an exposit in this state and is used only for t		
(b) I intend to read	move the property from the state	e following its use or e	exhibition here;		
(c) The property		-	Whom should we contact de	uring normal	
FOR ASSESSOR'S USE ONLY		NAME			
		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	,				
(county of city)			DAYTIME PHONE NUMBER		
ON(<i>date</i>)		E-MAIL ADD	E-MAIL ADDRESS		
L		CERTIFICATION			

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

