## 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.



## Mono County Office Of The Assessor

Barry Beck, Assessor PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor

| NAME OF EXHIBITOR                                                       |                                                                                                 |                                                           |                                                                   |                                                               |  |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|--|
| ADDRESS (STREET, CITY, STATE,                                           | ZIP CODE)                                                                                       |                                                           |                                                                   |                                                               |  |
| ADDRESS OF EXHIBITION (STREE                                            | ET, BOOTH, ETC.; BE SPECIFIC)                                                                   |                                                           |                                                                   | Λ                                                             |  |
|                                                                         | LIST ALL PERSONAL F                                                                             | PROPERTY FOR WHICH EX                                     | XEMPTION IS CLAIMED                                               |                                                               |  |
| DESCRIPTION                                                             | DATE ENTERED CALIFORNIA                                                                         | DATE TAXES PAID                                           | AMOUNT OF TAXES PAID                                              | STATE OR COUNTRY IN<br>WHICH PAID                             |  |
| 1.                                                                      |                                                                                                 |                                                           |                                                                   |                                                               |  |
| 2.                                                                      |                                                                                                 |                                                           |                                                                   | -                                                             |  |
| 3.                                                                      | NA                                                                                              |                                                           |                                                                   | -                                                             |  |
| 4.                                                                      |                                                                                                 |                                                           |                                                                   |                                                               |  |
| 5.                                                                      |                                                                                                 |                                                           |                                                                   |                                                               |  |
| I hereby state that:<br>(a) The property<br>exhibit of litera<br>state; | is brought into this state exclu<br>ary, scientific, educational, religi                        | sively for purposes of us<br>ous, or artistic works in th | e or exhibition at an exposit<br>his state and is used only for t | ion, fair, carnival, or public<br>hese purposes while in this |  |
| (c) The property                                                        | nove the property from the state<br>is subject to taxation in some o<br>country have been paid. | ther state or a foreign co                                |                                                                   | uring normal                                                  |  |
| FOR A                                                                   | SSESSOR'S USE ONLY                                                                              | NAME                                                      |                                                                   |                                                               |  |
| Received by                                                             | (Assessor's designee)                                                                           | ADDRESS (STRE                                             | EET, CITY, STATE, ZIP CODE)                                       |                                                               |  |
| of                                                                      |                                                                                                 |                                                           |                                                                   |                                                               |  |
| ON(date)                                                                |                                                                                                 | ( )                                                       | E-MAIL ADDRESS                                                    |                                                               |  |
|                                                                         | (uare)                                                                                          | E-IVIAIL ADDRESS                                          | ,<br>                                                             |                                                               |  |
|                                                                         |                                                                                                 | CERTIFICATION                                             |                                                                   |                                                               |  |
| l certify (or declare) u                                                | nder penalty of perjury under th                                                                | ne laws of the State of Ca                                | alifornia that the foregoing an                                   | 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

