EF-270-AH-R05-0810-26000111-1 BOE-270-AH REV. 05 (08-10)

## 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, ZIF  | P CODE)  |               |  |  |   |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH, ETC.; BE SPECIFIC)  |               |  |  |   |
| LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED  |  |               |  |  |   |
| DESCRIPTION  | DATE ENTERED CALIFORNIA  | DATE I        | TAXES PAID   | AMOUNT OF TAXES PAID                         | STATE OR COUNTRY IN WHICH PAID  |
| 1.   |  |               |  |  |   |
| 2.   |  |               |  |  |   |
| 3.   |  |               |  |  |   |
| 4.   |  | V             |  |  |   |
| 5.   |  |               |  |  |   |
| I hereby state that:   |  |               |  |  |   |
| exhibit of literary<br>state;<br>(b) I intend to remo<br>(c) The property is   | brought into this state excluy, scientific, educational, religional, religional, religional, religional, religional, religional was the property from the state subject to taxation in some object to taxation in some object. | ious, or arti | stic works in the its use or exhibit or a foreign co | is state and is used only fo<br>bition here; | these purposes while in this d all current taxes due in the during normal |
| FOR ASSESSOR'S USE ONLY  |  |               | NAME   |  |   |
| Received by of on  | (Assessor's designee) (county or city) (date)  |               | DAYTIME PHONE  ( )  E-MAIL ADDRESS                   |  |   |
|  |  | 0===          | FIGATION   |  |   |
| 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 CL  | LAIM   |               | TITLE  |  | DATE  |