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.



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

| NAME O | FEXHIBITOR | | | | | | |
|---|--|---|------------------------------|----------------------------------|--|--|--|
| ADDRES | SS (STREET, CITY, STATE, Z | IP CODE) | | | | | |
| ADDRES | SS OF EXHIBITION (STREET | ; BOOTH, ETC.; BE SPECIFIC) | | | Λ | | |
| | | LIST ALL PERSONAL P | ROPERTY FOR WHICH E | EMPTION IS CLAIMED | | | |
| | DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STAT <mark>E O</mark> R COUNTRY IN WHICH PAID | | |
| 1. | | | | | | | |
| 2. | | | | | - | | |
| 3. | - | $\mathbf{N}\mathbf{A}$ | | | - | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| | exhibit of literar state; | s brought into this state exclus y, scientific, educational, religio | ous, or artistic works in th | is state and is used only for th | | | |
| | | ove the property from the state | - | | all current taxes due in the | | |
| (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 other state or country have been paid. Whom should we contact during normal business hours for additional information? FOR ASSESSOR'S USE ONLY | | | | | | | |
| - | | | ADDRESS (STRE | ET, CITY, STATE, ZIP CODE) | | | |
| Rece | eived by | (Assessor's designee) | | | | | |
| of | | (county or city) | | | | | |
| ON(date) | | | () | E-MAIL ADDRESS | | | |
| | | | CERTIFICATION | | | | |
| | L certify (or declare) under penalty of perium under the laws of the State of California that the foregoing and all information bereon | | | | | | |

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

