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.



Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	EXEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.				-	
3.				-	
4.					
5.					
	is brought into this state exclu ary, scientific, educational, relig				
(c) The property i	nove the property from the state is subject to taxation in some of country have been paid.	other state or a foreign co		uring normal	
FOR A	SSESSOR'S USE ONLY	NAME	_		
Received by		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
of	(Assessor's designee)				
(county or city) On		DAYTIME PHONE			
	(date)	E-MAIL ADDRESS	3		
L		CERTIFICATION			
l certify (or declare) u	nder penalty of perjury under t	he 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

