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 | ET, 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. | | | | | |
| 3. | $\mathbf{N}\mathbf{A}$ | | | - | |
| 4. | | VII | | - | |
| 5. | | | | | |
| exhibit of litera state; | is brought into this state exclu ary, scientific, educational, relig | ious, or artistic works in | this state and is used only for | tion, fair, carnival, or public these purposes while in this | |
| (c) The property | nove the property from the stat is subject to taxation in some o country have been paid. | - | | uring normal | |
| FOR A | SSESSOR'S USE ONLY | NAME | | | |
| Received by | (Assessor's designee) | ADDRESS (STR | REET, CITY, STATE, ZIP CODE) | | |
| of | | | | | |
| ON | | () | () E-MAIL ADDRESS | | |
| | (000) | | | | |
| | | CERTIFICATION | | | |
| l certify (or declare) u | inder penalty of perjury under t | he laws of the State of C | California that the foregoing an | nd 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

