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

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, Z | IP CODE) | | | |
| ADDRESS OF EXHIBITION (STREET | т, воотн, етс.; ве specific) | | | |
| | LIST ALL PERSONAL P | PROPERTY FOR WHICH EX | EMPTION 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 literal state; (b) I intend to rem (c) The property is | s brought into this state exclusing, scientific, educational, religination over the property from the state subject to taxation in some of country have been paid. | ous, or artistic works in th e following its use or exhit ther state or a foreign co | is state and is used only for t bition here; | hese purposes while in this all current taxes due in the uring normal |
| FOR AS | SESSOR'S USE ONLY | NAME | | |
| Received by | (Assessor's designee) | ADDRESS (STRE | ET, CITY, STATE, ZIP CODE) | |
| of(county or city) | | DAYTIME PHONE | NUMBER | |
| ON(date) | | E-MAIL ADDRESS | () E-MAIL ADDRESS | |
| | | CERTIFICATION | | |
| l certify (or declare) un | nder penalty of perjury under th | e laws of the State of Ca | lifornia that the foregoing and | 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

