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.



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142

625 N. Ross Street, Room 14 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-5945 www.ocgov.com/assessor

| NAME OF EXHIBITOR | | | | | |
|------------------------------|--|---------------------------|---|-----------------------------------|--|
| ADDRESS (STREET, CITY, STATE | E, ZIP CODE) | | | | |
| ADDRESS OF EXHIBITION (STRE | EET, BOOTH, ETC.; BE SPECIFIC) | | | _ | |
| | LIST ALL PERSONAL PE | | XEMPTION IS CLAIMED | | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | |
| 1. | | | | | |
| 2. | \mathbf{C} | | | | |
| 3. | NAI | | | - | |
| 4. | | | | | |
| 5. | | | | | |
| | v is brought into this state exclusi rary, scientific, educational, religio | | | | |
| | move the property from the state | - | | | |
| | r is subject to taxation in some oth r country have been paid. | | Whom should we contact do business hours for additiona | uring normal | |
| FOR A | ASSESSOR'S USE ONLY | NAME | | | |
| | | ADDRESS (STRE | ET, CITY, STATE, ZIP CODE) | | |
| Received by | (Assessor's designee) | | | | |
| of | (county or city) | | NUMBER | | |
| on | | | _ () E-MAIL ADDRESS | | |
| | (0010) | | _ | | |
| | | CERTIFICATION | | | |
| l certify (or declare) | under penalty of periury under the | e 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

