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.



Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor

| NAME | DF EXHIBITOR | | | | | | |
|-------------------------|---|---|-------------------------------|---------------------------------|-----------------------------------|--|--|
| ADDRE | SS (STREET, CITY, STATE, ZIP | P CODE) | | | | | |
| ADDRE | SS OF EXHIBITION (STREET, | 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. | | | | | - | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| Ihere | exhibit of literary state; | brought into this state exclu , scientific, educational, relig ve the property from the state | ious, or artistic works in th | his state and is used only for | | | |
| | (c) The property is | subject to taxation in some opuntry have been paid. | other state or a foreign co | | uring normal | | |
| FOR ASSESSOR'S USE ONLY | | | | | | | |
| | | | ADDRESS (STRE | ET, CITY, STATE, ZIP CODE) | | | |
| Rec | eived by | (Assessor's designee) | | | | | |
| of | | (county or city) | | NUMBER | | | |
| on | | (date) | E-MAIL ADDRESS | 3 | | | |
| CERTIFICATION | | | | | | | |
| / c | ertify (or declare) und | der 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 |
|----------------------------------|-------|------|
| | | |
| | | I |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

