EF-270-AH-R05-0810-35000124-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

STATISTICS IN THE PROPERTY OF THE PROPERTY OF

**San Benito County Assessor** 440 Fifth St. Rm. 108 Hollister, CA 95023-3893

Hollister, CA 95023-38 Tel: 831-636-4030 Fax: 831-636-4033

Tom J. Slavich

www.cosb.us/government/assessor

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

NAME OF EXHIBITOR		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSONAL PROPERTY	FOR WHICH EXEMPTION IS CLAIMED	<u> </u>
DESCRIPTION DATE ENTERED CALIFORNIA DATE	TAXES PAID AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.		
2.		
3.		
4.		
5.		
<ul> <li>(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;</li> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> <li>(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in the other state or country have been paid.</li> <li>Whom should we contact during normal business hours for additional information?</li> </ul>		
FOR ASSESSOR'S USE ONLY	NAME	
Received by	ADDRESS (STREET, CITY, STATE, ZIP CODE)  DAYTIME PHONE NUMBER  ( )  E-MAIL ADDRESS	
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and 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

