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)			
Received 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		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

