EF-270-AH-R05-0810-36000234-1 BOE-270-AH REV. 05 (08-10)

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.



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS OF EXHIBITION (STREET	<i>T </i>	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Δ	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.3.4.	SA	MF	PLE		
5.					
state; (b) I intend to remo (c) The property is other state or c	ry, scientific, educational, religions to the property from the state subject to taxation in some country have been paid.	e following its use or exhib other state or a foreign cou	vition here;	all current taxes due in the	
		ADDRESS (STREE	T, CITY, STATE, ZIP CODE)		
Received by		DAYTIME PHONE I () E-MAIL ADDRESS	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 C	CLAIM	TITLE		DATE	