EF-270-AH-R05-0810-41000154-1 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.



## MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435

email: assessor@smcacre.gov web: www.smcacre.gov

NAME OF EXHIBITOR			
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSO	NAL PROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Δ
DESCRIPTION DATE ENTERED CALIFOR	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
2.	A // F		
3.	$\Lambda/IF$		-
4.       5.			
I hereby state that:			
<ul> <li>(a) The property is brought into this state exhibit of literary, scientific, educational, state;</li> <li>(b) I intend to remove the property from the (c) The property is subject to taxation in so other state or country have been paid.</li> </ul>	religious, or artistic works in this estate following its use or exhibome other state or a foreign coubin	s state and is used only for tition here;	these purposes while in this all current taxes due in the uring normal
FOR ASSESSOR'S USE ONLY	NAME		
Received by	ADDRESS (STREE	T, CITY, STATE, ZIP CODE)	
Of(county or city)	DAYTIME PHONE I	DAYTIME PHONE NUMBER	
on	E-MAIL ADDRESS	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