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.



Joseph E. Holland County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, ST	ATE, ZIP CODE)			
ADDRESS OF EXHIBITION (S	TREET, BOOTH, ETC.; BE SPECIFIC)			
	LIST ALL PERSONAL PR	OPERTY FOR WHICH E	XEMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.				
3.	.NAI			-
4.		VII		
5.				
	erty is brought into this state exclusi iterary, <mark>sci</mark> entific, educational, religio			
. ,	remove the property from the state f	•		
	rty is subject to taxation in some oth e or country have been paid.		Whom should we contact d	uring normal
FOI	R ASSESSOR'S USE ONLY	NAME		
		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)	
Received by		, , , , , , , , , , , , , , , , , , ,		
	(Assessor's desianee)			
of	(county or city)	DAYTIME PHONE	NUMBER	
on			2	
	(dale)	E-MAIL ADDRESS	5	
		CERTIFICATION		
l certify (or declare	e) under penalty of perjury under the	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

