EF-270-AH-R05-0810-42000097-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



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

Joseph E. Holland

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

| NAME OF EXHIBITOR  |                           |         |                      |                             |                                |
|--|---------------------------|---------|----------------------|-----------------------------|--------------------------------|
| ADDDESS (STREET OUTVISIATE 7)  | D CODE)                   |         |                      |                             |                                |
| ADDRESS (STREET, CITY, STATE, ZI   | P CODE)                   |         |                      |                             |                                |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH, ETC.; BE SPECIFIC) |         |                      |                             |                                |
|  | <del></del>               |         |                      |                             |                                |
|  | LIST ALL DEDSONAL D       | POPERTY | EOD MAICH EA         | EMPTION IS CLAIMED          |                                |
| LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED  |                           |         |                      |                             |                                |
| DESCRIPTION  | DATE ENTERED CALIFORNIA   | DATE T  | AXES PAID            | AMOUNT OF TAXES PAID        | STATE OR COUNTRY IN WHICH PAID |
| 1.   |                           | _       |                      |                             |                                |
| 2.   |                           |         |                      |                             |                                |
| 3.   |                           |         |                      |                             |                                |
| 4.   |                           |         |                      |                             |                                |
| 5.   |                           |         |                      |                             |                                |
| I hereby state that:   |                           |         |                      |                             |                                |
| (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;   |                           |         |                      |                             |                                |
| (b) I intend to remove the property from the state following its use or exhibition here;   |                           |         |                      |                             |                                |
| (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.   |                           |         |                      |                             |                                |
| Whom should we contact during normal   |                           |         |                      |                             |                                |
|  |                           |         |                      | usiness hours for additiona |                                |
| FOR AS   | SESSOR'S USE ONLY         |         | NAME                 |                             |                                |
| TOTAL COLUMN COL |                           |         |                      |                             |                                |
|  |                           |         | ADDRESS (STREE       | ET, CITY, STATE, ZIP CODE)  |                                |
| Received by(Assessor's designee)   |                           |         |                      |                             |                                |
| of   | (Assessor's designee)     |         |                      |                             |                                |
| of(county or city)   |                           |         | DAYTIME PHONE NUMBER |                             |                                |
| on   |                           |         |                      |                             |                                |
| (date)   |                           |         | 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                        |                                |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

