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.



Lawrence E. Stone Santa Clara County Assessor Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

www.sccassessor.org

ADDRESS (STREET, CITY, STATE, ZIP CODE) ADDRESS 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 COUNTR WHICH PAID	NAME OF EXHIBITOR			
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED				
	LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED			
1.				
2.				
3.				
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, o exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while 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 du other state or country have been paid. Whom should we contact during normal business hours for additional information? 	due in the			
FOR ASSESSOR'S USE ONLY				
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
Received by (Assessor's designee)				
(county or city) DAYTIME PHONE NUMBER	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

