EF-270-AH-R05-0810-43000195-1 BOE-270-AH REV. 05 (08-10)

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

EXHIBITION EXEMPTION CLAIM	O A
FROM PROPERTY TAXES	NTA CLAY
T	

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, STATE, Z	IP CODE)			
ADDRESS OF EXHIBITION (STREET	, BOOTH, ETC.; BE SPECIFIC)			
	LIST ALL PERSONAL	PROPERTY 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.		Λ Λ Γ		
3.				
4.		VII		-
5.				
exhibit of literar state; (b) I intend to remo (c) The property is	s brought into this state exclury, scientific, educational, religions the property from the state subject to taxation in some country have been paid.	ious, or artistic works in the following its use or exhibition state or a foreign control of the following its use or exhibition in the following its use or exhibition in the following its use of	his state and is used only for ibition here;	these purposes while in this d all current taxes due in the
FOR AS	SESSOR'S USE ONLY	NAME		
Received by	(Assessor's designee)	ADDRESS (STRI	EET, CITY, STATE, ZIP CODE)	
of	(county or city)	DAYTIME PHONI	E NUMBER	
on	(date)	E-MAIL ADDRES	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