EF-270-AH-R05-0810-44000192-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

701 Ocean Street, Rm. 130 Santa Cruz, CA 95060

Phone: 831-454-2002

Sheri Thomas

Email: asrwebmail@co.santa-cruz.ca.us

County of Santa Cruz Assessor

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)					
ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; B	E SPECIFIC)				
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED					
DESCRIPTION DATE ENTE	ERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.					
2.		Λ			
3.	A1				
4.		V			
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 					
	1107 01111/		NAME	usiness hou <mark>rs</mark> for addition	al information?
FOR ASSESSOR'S USE ONLY			NAME		
			ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	
Received by(Assessor's designee)					
of(county or ci					
			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