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.



Sheri Thomas County of Santa Cruz Assessor 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002 Email: asrwebmail@co.santa-cruz.ca.us

NAME C	OF EXHIBITOR							
ADDRE	SS (STREET, CITY, STATE, ZIF	P CODE)						
ADDRE	SS 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 COUNTRY IN WHICH PAID		
1.								
2.								
3.		NA						
4.								
5.								
There	exhibit of literary state; (b) I intend to remo	brought into this state exclu , scientific, educational, relig ve the property from the stat	ious, or artistic w e following its us	vorks in this se or exhibit	state and is used only for ion here;	these purposes while in this		
 (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 other state or country have been paid. Whom should we contact during normal business hours for additional information? 								
	FOR ASS	SESSOR'S USE ONLY	NAM					
Rec	eived by		ADD	RESS (STREET,	CITY, STATE, ZIP CODE)			
of		(Assessor's designee)						
	(county or city)			DAYTIME PHONE NUMBER				
		(date)	E-M/	AIL ADDRESS				
L	CERTIFICATION							
l c	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

