EF-270-AH-R05-0810-44000103-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**

**County of Santa Cruz Assessor** 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060

Phone: 831-454-2002

**Sheri Thomas** 

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

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, E	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	
1.	SALE ENTERED SALE OF WAY	DATE DUCCOTAIN	74.00111 07 11/12017415	WHICH PAID	
2.					
		$\Lambda$ // $L$	<i>)    </i>		
3.					
4.					
I hereby state that:					
exhibit of literary state; (b) I intend to remove (c) The property is some other state or co	r, scientific, educational, religive the property from the state	gious, or artistic works in thi te following its use or exhib other state or a foreign cou	s state and is used only for ition here;		
		ADDRESS (STREE	T, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE N	DAYTIME PHONE NUMBER		
on	(date)	E-MAIL ADDRESS	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					