NAME OF EXHIBITOR

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.



LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636

Intra_County toll free: 1(800)479-8009

ADDRESS (STREET, CITY, STATE, ZIP CODE)				
ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)				
LIST ALL PERSONAL	PROPERTY FOR WHI	CH EXEMPTION IS C	CLAIMED	
DESCRIPTION DATE ENTERED CALIFORNIA	DATE TAXES PAIL		F TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.				-
3.				•
4.				
5.				
 I hereby state that: (a) The property is brought into this state excless exhibit of literary, scientific, educational, relistate; (b) I intend to remove the property from the state 	gious, or artistic work	s in this state and is		
(c) The property is subject to taxation in some other state or country have been paid.	-	gn country while in Whom shoul	this state, and a d we contact dur s for additional i	ing normal
FOR ASSESSOR'S USE ONLY	NAME			
Received by	ADDRESS	; (STREET, CITY, STATE, ZI	P CODE)	
of				
On(county or city)		DAYTIME PHONE NUMBER () E-MAIL ADDRESS		
	CERTIFICATIO	N		

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

