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.



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor Business Property Division 585 Fiscal Dr, Rm 104 Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1330 FAX: (707) 565-3317

| NAME O | FEXHIBITOR | | | | | | | | |
|--|--|---|---|-------------------------------------|---|--|--|--|--|
| ADDRES | SS (STREET, CITY, STATE, ZI | IP CODE) | | | | | | | |
| ADDRES | SS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | | | | |
| | LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED | | | | | | | | |
| | DESCRIPTION | DATE ENTERED CALIFORNIA | DATE T | AXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| | exhibit of literar state;(b) I intend to remo(c) The property is | y, scientific, educational, relig ove the property from the state subject to taxation in some c | ious, or arti | stic works in th ts use or exhit | is state and is used only t bition here; | osition, fair, carnival, or public for these purposes while in this and all current taxes due in the | | | |
| other state or country have been paid. Whom should we contact during normal business hours for additional information? | | | | | | | | | |
| FOR ASSESSOR'S USE ONLY | | | | | | | | | |
| Received by | | | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | |
| | | (Assessor's designee) | | | | | | | |
| | (county or city) | | | DAYTIME PHONE NUMBER | | | | | |
| | (date) | | | E-MAIL ADDRESS | | | | | |
| L | | | CERTI | FICATION | | | | | |
| l ce | ertify (or declare) un | der penalty of perjury under ti | he laws of t | he State of Ca | lifornia 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

