EF-270-AH-R05-0810-50000109-1 BOE-270-AH REV. 05 (08-10)

## 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.



## Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

DATE

## FROM PROPERTY TAXES To receive the full exemption, a claimant

NAME OF	EXHIBITOR					
ADDRESS	(STREET, CITY, STATE, ZIP	CODE)				
ADDRESS	OF EXHIBITION (STREET, E	BOOTH, ETC.; BE SPECIFIC)				<b>A</b>
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED						
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE I	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.						
2.			Λ			
3.						- /
4.						-
5.						
<ul> <li>I hereby state that:</li> <li>(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;</li> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> </ul>						
(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 business hours for additional information?						
FOR ASSESSOR'S USE ONLY				NAME		
				ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by						
of _		(county or city)		DAYTIME PHONE N	NUMBER	
on			E-MAIL ADDRESS			
CERTIFICATION						
OLIVIII IOATION						

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

TITLE



SIGNATURE OF PERSON MAKING CLAIM