EF-270-AH-R05-0810-51000207-1 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.



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D

Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

NAME	OF EXHIBITOR						
ADDRE	SS (STREET, CITY, STATE, ZIF	P CODE)					
ADDRE	ESS 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.			Λ				
3.		74					
4.						-	
5.							
I hereby state that: (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;							
(b) I intend to remove the property from the state following its use or exhibition here;							
(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 (STRE	ET, CITY, STATE, ZIP CODE)		
Red	ceived by	(Assessor's designee)					
of		(
on	(county or city)			DAYTIME PHONE NUMBER			
011		(date)		E-MAIL ADDRESS	3		
			CERT	FICATION			
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.							
				complete to the best of my			
SIGNATURE OF PERSON MAKING CLAIM			TITLE		DATE		

