## **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.



Kenneth L. Brown **County of Tehama Assessor** 444 Oak Street - Room B P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019

| NAME OF EXHIBITOR  |  |   |   |  |  |
|--|--|---|---|--|--|
| ADDRESS (STREET, CITY, STATE, 2  | ZIP CODE)  |   |   |  |  |
| ADDRESS OF EXHIBITION (STREE   | T, BOOTH, ETC.; BE SPECIFIC)   |   |   |  |  |
|  | LIST ALL PERSONAL  | PROPERTY FOR WHICH EX   | EMPTION IS CLAIMED                              |  |  |
| DESCRIPTION  | DATE ENTERED CALIFORNIA  | DATE TAXES PAID   | AMOUNT OF TAXES PAID                            | STATE OR COUNTRY IN<br>WHICH PAID  |  |
| 1.   |  |   |   |  |  |
| 2.   |  |   |   |  |  |
| 3.   | $\mathbf{N} \mathbf{\Delta}$   |   |   | -  |  |
| 4.   |  |   |   |  |  |
| 5.   |  |   |   |  |  |
| exhibit of litera<br>state;<br>(b) I intend to rem<br>(c) The property i | is brought into this state exclu<br>ary, scientific, educational, religi<br>nove the property from the state<br>s subject to taxation in some o<br>country have been paid. | ious, or artistic works in the following its use or exhibited or a foreign co | is state and is used only for t<br>bition here; | these purposes while in this<br>all current taxes due in the<br>uring normal |  |
| FOR AS   | SSESSOR'S USE ONLY   | NAME  |   |  |  |
| Received by  | (Assessor's designee)  | ADDRESS (STRE   | ET, CITY, STATE, ZIP CODE)                      |  |  |
| of   | · · · · · · · · · · · · · · · · · · ·  |   |   |  |  |
| (county or city)   |  |   | DAYTIME PHONE NUMBER                            |  |  |
| (date)   |  | E-MAIL ADDRESS  | E-MAIL ADDRESS                                  |  |  |
| L  |  | CERTIFICATION   |   |  |  |
| l certify (or declare) u   | nder penalty of perjury under th   | he laws of the State of Ca  | lifornia that the foregoing an                  | d 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

