## 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.



Deanna L. Bradford County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

NAME OF E	XHIBITOR							
ADDRESS (	STREET, CITY, STATE, ZIF	P CODE)						
ADDRESS (	DF EXHIBITION (STREET, I	BOOTH, ETC.; BE SPECIFIC)						
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED								
C	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXE	S PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID		
1.								
2.								
3.						-		
4.			VI					
5.								
-	state that:							
(a)		brought into this state exclu , scientific, educational, relig						
(b)	) I intend to remove	ve the property from the state	e following its	use or exhib	ition 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								
			Ā	DDRESS (STREE	T, CITY, STATE, ZIP CODE)			
		(Assessor's designee)						
of		(countrior city)						
(county or city) ON			(	DAYTIME PHONE NUMBER				
		(date)		-MAIL ADDRESS				
CERTIFICATION								
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon,								

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

