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.



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

| NAME OF EXHIBITOR | | | | | |
|-------------------------------|---|-----------------------------|--------------------------------|-----------------------------------|--|
| ADDRESS (STREET, CITY, STATE, | ZIP CODE) | | | | |
| ADDRESS OF EXHIBITION (STREE | ET, 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 WHICH PAID | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | - | |
| 4. | | | | | |
| 5. | | | | | |
| I hereby state that: | | | | | |
| | is brought into this state exclu ary, scientific, educational, relig | | | | |
| , | nove the property from the stat | e following its use or exhi | bition here: | | |
| (c) The property | is subject to taxation in some country have been paid. | other state or a foreign co | | uring normal | |
| FOR A | SSESSOR'S USE ONLY | NAME | | | |
| | | | | | |
| Received by | (Assessor's designee) | ADDRESS (STRE | ET, CITY, STATE, ZIP CODE) | | |
| of | (| | | | |
| of (county or city) | | | | | |
| ON(date) | | E-MAIL ADDRESS | E-MAIL ADDRESS | | |
| | | CERTIFICATION | | | |
| Loortify (or doolors) | Inder penalty of perjury under t | | lifernia that the foregoing on | d all information baraan | |
| | | | | | |

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

