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

