EF-270-AH-R05-0810-53000174-1 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.



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 I | PROPERTY FOR WHICH EX | EMPTION IS CLAIMED | Λ |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN |
| | DATE ENTERED CALIFORNIA | DATE TAXES FAID | AWOUNT OF TAXES FAID | WHICH PAID |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| I hereby state that: | | | | |
| exhibit of litera state; (b) I intend to rem (c) The property i | is brought into this state exclusively, scientific, educational, religion nove the property from the state is subject to taxation in some country have been paid. | ious, or artistic works in the | is state and is used only for pition here; | these purposes while in this |
| | | | Whom should we contact dusiness hou <mark>rs</mark> for additiona | |
| FOR AS | SSESSOR'S USE ONLY | NAME | | |
| | | ADDRESS (STREE | ET, CITY, STATE, ZIP CODE) | |
| Received by | (Assessor's designee) | | | |
| of | (county or city) | DAYTIME PHONE | NUMBER | |
| on | | () | () | |
| | (date) | E-MAIL ADDRESS | | |
| | | CERTIFICATION | | |
| | nder penalty of perjury under ti mpanying statements or docun | | | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE |