## 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.



Stephen S. Duckels Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

DUDRESS OF EXHIBITION (STREET, BOOTH, ETC; BE SPECIFIC)         LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED         DESCRIPTION       DATE ENTERED CALIFORNIA       DATE TAKES PAID       AMOUNT OF TAXES PAID       STATE OR COUNTRY IN WHICH PAID         1.       DESCRIPTION       DATE ENTERED CALIFORNIA       DATE TAKES PAID       AMOUNT OF TAXES PAID       STATE OR COUNTRY IN WHICH PAID         2.	NAME (	OF EXHIBITOR							
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3.       4.	1.								
4.	2.								
5.       Image: State that:         (a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;         (b) I intend to remove the property from the state following its use or exhibition 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?         NAME         Received by	3.						-		
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(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?  NAME  Received by  (Assessor's designee)  (Assessor's designee)  (county or city)  (date)  CERTIFICATION  CERTIFICATION	I here	<ul> <li>(a) The property is exhibit of literar state;</li> </ul>	y, <mark>sci</mark> entific, educat <mark>io</mark> nal, relig	ious, or arti	stic works in thi	is state and is used only for t			
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of					ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)			
on () E-MAIL ADDRESS CERTIFICATION			(Assessor's designee)						
on () E-MAIL ADDRESS CERTIFICATION	of		(county or city)		DAYTIME PHONE	NUMBER			
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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

