EF-270-AH-R05-0810-27000198-1 BOE-270-AH REV. 05 (08-10)

Assessor by February 15.

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**

To receive the full exemption, a claimant must complete and file this form with the

## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

NAME OF EXHIBIT	OR						
ADDRESS (STREE	T, CITY, STATE, ZI	P CODE)					
ADDRESS OF EXH	IIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)					
		LIST ALL DEDSONAL	DODEDTY	EOB MAICH E	XEMPTION IS CLAIMED		
		LIST ALL PERSONAL P	ROPERTI	FOR WHICH E	TEMP HON 13 CLAIMED	1	
DESCF	RIPTION	DATE ENTERED CALIFORNIA		AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.							
2.							
3.							
4.							
5.							
I hereby state	e that:						
(c) Th	ntend to remo	ove the property from the state subject to taxation in some o ountry have been paid.	_		ountry while in this state, and		
					Whom should we contact during normal business hours for additional information?		
FOR ASSESSOR'S USE ONLY				NAME			
				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Received by	/	(Assessor's designee)					
of		(7.10000007 0.000.ig/1000)					
	(county or city)			DAYTIME PHONE NUMBER			
on	(date)			E-MAIL ADDRESS	3		
			CERTI	FICATION			
		der penalty of perjury under th					
includin	ng any accom	npanying statements or docun			i complete to the best of my	knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM				TITLE		DATE	

