EF-270-AH-R05-0810-01000791-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

O ALIFORNIA

ALAMEDA COUNTY ASSESSOR 1221 Oak St., Rm 145 Oakland. Ca. 94612-4288

PHONG LA

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3770 / FAX (510) 272-3803 www.acgov.org/assessor

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZII	P CODE)				
ADDRESS OF EXHIBITION (STREET,	POOTH ETC : DE SPECIEIO				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC., BE SPECIFIC)				
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED					
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.					
2.					
3.					
4.					
5.					
I hereby 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?					
FOR ASS	SESSOR'S USE ONLY		NAME		
			ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(
(county or city)		DAYTIME PHONE NUMBER			
on		()			
(date)		E-MAIL ADDRESS			
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, 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			
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

