EF-270-AH-R05-0810-03000757-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor of Amador County 810 Court Street

Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

James B Rooney

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

ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)

DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES FAID	AWOUNT OF TAXES FAID	WHICH PAID
1.				
2.				
3.				
4.				
5.				
hereby state that:				
(b) I intend to rem	nove the property from the stat	e following its use or ex	nibition here;	
(c) The property i		_	country while in this state, and Whom should we contact d	luring normal
(c) The property i other state or	s subject to taxation in some occuntry have been paid.	_	country while in this state, and	luring normal
(c) The property i other state or s	s subject to taxation in some occupantly have been paid.	other state or a foreign o	country while in this state, and Whom should we contact d	luring normal
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION