EF-270-AH-R05-0810-03000695-1 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

James B Rooney

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

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)

	LIST ALL PERSONAL	PROPERTY FOR WHICH E	EXEMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.				
3.				
4.				
5.				
hereby state that:				I
(b) I intend to re	move the property from the stat	e following its use or exh	the father and the area.	
	is subject to taxation in some of country have been paid.	•	ountry while in this state, and  Whom should we contact d	uring normal
other state o		•	ountry while in this state, and	uring normal
other state o	country have been paid.	other state or a foreign o	ountry while in this state, and  Whom should we contact d business hours for additiona	uring normal
other state o	ASSESSOR'S USE ONLY	other state or a foreign o	ountry while in this state, and  Whom should we contact d	uring normal
FOR A	ASSESSOR'S USE ONLY	other state or a foreign o	ountry while in this state, and  Whom should we contact d business hours for additiona	uring normal
FOR A	ASSESSOR'S USE ONLY	other state or a foreign o	Ountry while in this state, and  Whom should we contact d business hours for additiona	uring normal
FOR A Received by of	ASSESSOR'S USE ONLY  (Assessor's designee)  (county or city)	NAME ADDRESS (STR	Ountry while in this state, and  Whom should we contact d business hours for additiona  EET, CITY, STATE, ZIP CODE)	uring normal
FOR A Received by	(Assessor's designee)  (county or city)	NAME ADDRESS (STR	Ountry while in this state, and  Whom should we contact d business hours for additiona  EET, CITY, STATE, ZIP CODE)	uring normal
FOR A Received by	ASSESSOR'S USE ONLY  (Assessor's designee)  (county or city)	NAME ADDRESS (STR	Ountry while in this state, and  Whom should we contact d business hours for additiona  EET, CITY, STATE, ZIP CODE)	uring normal
ron	ASSESSOR'S USE ONLY  (Assessor's designee)  (county or city)	NAME ADDRESS (STR. DAYTIME PHON ( ) E-MAIL ADDRESS CERTIFICATION The laws of the State of C	Whom should we contact d business hours for additional  EET, CITY, STATE, ZIP CODE)  E NUMBER  Salifornia that the foregoing an	uring normal al information?

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION