EF-270-AH-R05-0810-05000373-1 BOE-270-AH REV. 05 (08-10)

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



**Calaveras County Assessor** 891 Mountain Ranch Road San Andreas, CA 95249

**Larie Durham** 

209.754.6356 assessorpublic@co.calaveras.ca.us

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	; ZIP CODE)				
ADDRESS OF EXHIBITION (STRE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIOT ALL DEDOCMAL		WEMPTION IO OLAIMED		
	LIST ALL PERSONAL F	PROPERTY FOR WHICH E	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.					
4.					
5.					
I hereby state that:					
state; (b) I intend to rer (c) The property	rary, scientific, educational, religions move the property from the state is subject to taxation in some of country have been paid.	e following its use or exhi	bition here;		
		I	Whom should we contact during normal business hours for additional information?		
FOR A	ASSESSOR'S USE ONLY	NAME			
Received by	(Assessor's designee)	ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of	(county or city)	DAYTIME PHONE	NUMBER		
On(date)		E-MAIL ADDRESS	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	G CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

