EF-270-AH-R05-0810-07000159-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

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



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

DATE

	EXHIBITOR				
DRES	S (STREET, CITY, STATE, ZI	P CODE)			
DDRES	S OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)			
		LIST ALL PERSONAL	PROPERTY FOR WHICH	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.	by state that:				
	(a) The property is			use or exhibition at an exposit this state and is used only for t	
	(c) The property is	ove the property from the state subject to taxation in some country have been paid.	-	nibition here; country while in this state, and	all current taxes due in
	(c) The property is	subject to taxation in some	-	country while in this state, and Whom should we contact d	uring normal
	(c) The property is other state or co	subject to taxation in some	-	country while in this state, and	uring normal
	(c) The property is other state or co	subject to taxation in some ountry have been paid.	other state or a foreign o	country while in this state, and Whom should we contact d	uring normal
((c) The property is other state or co	subject to taxation in some country have been paid. SESSOR'S USE ONLY	other state or a foreign o	whom should we contact d	uring normal
Rece	FOR AS:	subject to taxation in some country have been paid. SESSOR'S USE ONLY (Assessor's designee)	NAME ADDRESS (STI	Whom should we contact d business hours for additiona	uring normal
Rece	FOR AS:	subject to taxation in some of country have been paid. SESSOR'S USE ONLY (Assessor's designee) (country or city)	NAME ADDRESS (STI	Whom should we contact d business hours for additiona	uring normal
(FOR AS:	subject to taxation in some country have been paid. SESSOR'S USE ONLY (Assessor's designee)	NAME ADDRESS (STI	Whom should we contact d business hours for additiona	uring normal

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

TITLE



SIGNATURE OF PERSON MAKING CLAIM