EF-270-AH-R05-0810-11000118-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor 516 W. Sycamore St., 2nd Floor Willows CA 95988

Phone: (530) 934-6402 Fax: (530) 934-6571

Sendy Perez

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, ZI	IP CODE)				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY I	OR WHICH EX	EMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TA	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.					
2.					
3.					
4.					
5.					
state; (b) I intend to remo (c) The property is	y, scientific, educational, religitions by the property from the state subject to taxation in some ountry have been paid.	e following i	s use or exhib r a foreign cou	nition here; untry while in this state, and Whom should we contact d	I all current taxes due in the
FOR AS	SESSOR'S USE ONLY		business hours for additional information?		
Received by			DAYTIME PHONE NUMBER () E-MAIL ADDRESS		
		CERTII	FICATION		
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					
SIGNATURAL OF TELECOM MANAGEMENT			-		ĺ

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

