EF-270-AH-R05-0810-16000654-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Kings County Assessor 1400 W. Lacey Blvd. Hanford, CA 93230

**Kristine Lee** 

Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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

| ADDRESS (STREET, CITY, STATE,    | ZIP CODE)  |                            |   |                                |  |
|----------------------------------|--|----------------------------|---|--------------------------------|--|
| ADDRESS OF EXHIBITION (STRE      | ET, 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.                               |  |                            |   |                                |  |
|                                  | is subject to taxation in some of country have been paid.          | other state or a foreign o | Whom should we contact d                | luring normal                  |  |
| FOR A                            | SSESSOR'S USE ONLY   | NAME                       | business hours for additiona            | ai information?                |  |
| Received by                      |  | ADDRESS (STR               | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                |  |
| of                               | (Assessor's designee) (county or city)                             | DAYTIME PHON               | JE NI IMPED                             |                                |  |
| on                               |  | ( )                        | E-MAIL ADDRESS                          |                                |  |
|                                  |  | CERTIFICATION              |   |                                |  |
| - 1                              | under penalty of perjury under to<br>Ompanying statements or docui | he laws of the State of C  |   |                                |  |
| SIGNATURE OF PERSON MAKING CLAIM |  | TITLE                      |   | DATE                           |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION