EF-270-AH-R05-0810-25000585-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

IS CYLIFORNIT

Modoc County Assessor 204 Sout Court Street, Suite 106

Kristen DePaul

Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.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 (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	PROPERTY FOR WHICH EX	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 rem (c) The property i	ary, scientific, educational, religitions the property from the state is subject to taxation in some of country have been paid.	e following its use or exhi	bition here;		
		k	Whom should we contact during normal business hours for additional information?		
FOR A	SSESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE	NUMBER		
on		()	E-MAIL ADDRESS		
	(auto)	2 111 112 112 112 112			
		CERTIFICATION			
	nder penalty of perjury under th mpanying statements or docun				
SIGNATURE OF PERSON MAKING	CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

