EF-270-AH-R05-0810-27000296-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FR

То must complete and file this form with the Assessor by February 15.



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570

OM PROPERTY TAXES	03 1850	Fax: (831) 755-5035
receive the full exemption, a claimant		assessor@co.monterey.ca.us

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREET	ET, BOOTH, ETC.; BE SPECIFIC)				
	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:					
(c) The property	nove the property from the state is subject to taxation in some o country have been paid.	-	ountry while in this state, and		
	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					
of	(Assessor's designee)				
OI	(county or city)	DAYTIME PHONE	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