EF-270-AH-R05-0810-42000525-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

Joseph E. Holland

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

NAME OF EXHIBITOR						
ADDRES	SS (STREET, CITY, STATE, 2	ZIP CODE)				
ADDRES	SS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
		LIST ALL PERSONAL	PROPERTY	FOR WHICH EX	EMPTION IS CLAIMED	
DESCRIPTION		DATE ENTERED CALIFORNIA	DATE ENTERED CALIFORNIA DATE 1		AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.						
2.						
3.						
4.						
5.						
I hereby state that:						
(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;						
(b) I intend to remove the property from the state following its use or exhibition here;						
(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in the other state or country have been paid.						
				Whom should we contact during normal business hours for additional information?		
FOR ASSESSOR'S USE ONLY				NAME		
				ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by						
		(Assessor's designee)				
of .		(county or city)		DAYTIME PHONE	NUMBER	
on				()		
0		(date)		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.						
	including any accor	mpanying statements or docui	ments, is tru	e, correct and	complete to the best of my	knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION