EF-270-AH-R05-0810-49000459-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

AGRACATHE MOUNTY

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-287

**Deva Marie Proto** 

585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1887 FAX: (707) 565-3317

Sonoma County Clerk-Recorder-Assessor

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

NAME OF EXHIBITOR					
DDRESS (STREET, CITY, STATE, Z	(IP CODE)				
ADDRESS OF EXHIBITION (STREET	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	ROPERTY FOR WHICH E	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.					
hereby state that:				I	
	s subject to taxation in some of country have been paid.		Whom should we contact d	uring normal	
			business hours for additiona	il information?	
FOR AS	SSESSOR'S USE ONLY	NAME			
		ADDRESS (STR	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by		,	,		
	(Assessor's designee)				
of	(county or city)				
on			DAYTIME PHONE NUMBER ( )		
	(date)	E-MAIL ADDRES	SS		
		CERTIFICATION			
	nder penalty of perjury under th npanying statements or docum				
SIGNATURE OF PERSON MAKING C	CLAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

