EF-270-AH-R05-0810-53000700-1 BOE-270-AH REV. 05 (08-10)

NAME OF EXHIBITOR

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

Deanna L. Bradford

County Clerk-Recorder-Assessor

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 P	ROPERTY 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.					
(c) The property	move the property from the state is subject to taxation in some ot country have been paid.	her state or a foreign co	ountry while in this state, and  Whom should we contact d	uring normal	
EOP /	ASSESSOR'S USE ONLY	NAME	business hours for additiona	I information?	
Received by		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
f (county or city)		DAYTIME PHONI	DAYTIME PHONE NUMBER		
on	(date)	E-MAIL ADDRES	s		
		CERTIFICATION			
	under penalty of perjury under the perpension of perjury under the perpension of the				
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION