EF-270-AH-R05-0810-53000489-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257

County Clerk-Recorder-Assessor

Shanna White

Fax: (530) 623-8398 assessor@trinitycounty.org

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 | 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 | |
| 1. | | | | WHICH PAID | |
| | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| I hereby state that: | | | | | |
| exhibit of litera state; (b) I intend to rem (c) The property i | is brought into this state exclusions, scientific, educational, religions the property from the state is subject to taxation in some o | ous, or artistic works in the following its use or exhi | nis state and is used only for bition here; | these purposes while in this | |
| other state or country have been paid. Whom should we contact during normal business hours for additional information? | | | | | |
| FOR AS | SSESSOR'S USE ONLY | NAME | | | |
| | | ADDRESS (STRE | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| Received by | (Assessor's designee) | | | | |
| of | (county or city) | DAYTIME PHONE | E NUMBER | | |
| On(date) | | E-MAIL ADDRESS | E-MAIL ADDRESS | | |
| | | CERTIFICATION | | | |
| | nder penalty of perjury under the mpanying statements or docun | | | | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE | | DATE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

