EF-270-AH-R05-0810-53000108-1 BOE-270-AH REV. 05 (08-10)

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**

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

**Shanna White** 

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

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					
ADDRESS (STREET, CITY, STATE, ZI	P CODE)				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY FOR WHICH EX	KEMPTION 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 is	ove the property from the state subject to taxation in some o ountry have been paid.	ther state or a foreign co			
		b	business hours for additional information?		
FOR AS	SESSOR'S USE ONLY	NAME	NAME		
Received by		ADDRESS (STREAT	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of(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 CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

