EF-270-AH-R05-0810-54000250-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

## To receive the full exemption, a claimant

nust complete and file this form with the Assessor by February 15.

| NAME OF EXHIBITOR   |   |                             |   |                                |
|---|---|-----------------------------|---|--------------------------------|
| ADDRESS (STREET, CITY, STATE  | E, ZIP CODE)  |                             |   |                                |
| ADDRESS OF EXHIBITION (STRE   | EET, 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.  |   |                             |   |                                |
| state; (b) I intend to ref (c) The property                                 | rary, scientific, educational, religition  move the property from the state is subject to taxation in some or country have been paid. | e following its use or exhi | ibition here;                           |                                |
| Whom should we contact during nor business hours for additional information |   |                             |   |                                |
| FOR A   | ASSESSOR'S USE ONLY   | NAME                        |   |                                |
| Received by   |   | ADDRESS (STRE               | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                |
| of  | (county or city)  | DAYTIME PHONE               | - NUMBER                                |                                |
| on  |   | ( )                         | ( )                                     |                                |
|   | (date)  | E-MAIL ADDRES               | 8                                       |                                |
|   |   | CERTIFICATION               |   |                                |
|   | under penalty of perjury under th<br>ompanying statements or docum  |                             |   |                                |
| SIGNATURE OF PERSON MAKING CLAIM  |   | TITLE                       |   | DATE                           |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

