## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

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



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

NAME (	OF EXHIBITOR								
ADDRE	SS (STREET, CITY, STATE, ZI	IP CODE)							
ADDRE	SS OF EXHIBITION (STREET,	, BOOTH, ETC.; BE SPECIFIC)				Λ			
	LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED								
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STAT <mark>E O</mark> R COUNTRY IN WHICH PAID			
1.									
2.						-			
3.			$\Lambda$			-			
4.									
5.									
l here	by state that:								
		s brought into this state exclu y, scientific, educational, relig							
	. ,	ove the property from the stat	•						
		subject to taxation in some o ountry have been paid.	other state of		Whom should we contact du	uring normal			
	FOR AS	SESSOR'S USE ONLY		NAME					
				ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)				
Rec	eived by	(Assessor's designee)		 					
of									
				DAYTIME PHONE NUMBER					
011	(date)			E-MAIL ADDRESS					
L			CERTI	FICATION					
l c	ertify (or declare) un	der penalty of perjury under t	he laws of t	he State of Cal	lifornia that the foregoing an	d 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

