## 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.



Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

ADDRESS (STREET, CITY, STATE, ZIP CODE)  ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC)   LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED  DESCRIPTION DATE ENTERED CALIFORNIA DATE TAXES PAID AMOUNT OF TAXES PAID STATE OR COUNTRY II WHICH PAID  1. 2. 3. 4. 5. I hereby state that:
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED         DESCRIPTION       DATE ENTERED CALIFORNIA       DATE TAXES PAID       AMOUNT OF TAXES PAID       STATE OR COUNTRY II         1.
DESCRIPTION       DATE ENTERED CALIFORNIA       DATE TAXES PAID       AMOUNT OF TAXES PAID       STATE OR COUNTRY II         1.       .
Description     Date entered california     Date faxes paid     Andoint of faxes paid     Which paid       1.     .     .     .     .     .       2.     .     .     .     .       3.     .     .     .     .       4.     .     .     .     .       5.     .     .     .     .
1.     .       2.     .       3.     .       4.     .       5.     .       hereby state that:
3.     4.       5.     9.       hereby state that:
4.     5.       hereby state that:
5. I hereby state that:
I hereby state that:
(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or p exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while ir state;
<ul> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> <li>(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in other state or country have been paid.</li> </ul>
FOR ASSESSOR'S USE ONLY         NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)
Received by
of (county or city) DAYTIME PHONE NUMBER
on
CERTIFICATION
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereo

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

