EF-270-AH-R05-0810-13000315-1 BOE-270-AH REV. 05 (08-10)

## **EXHIBITION EXEMPTION CLAIM**

**Imperial County Assessor** 940 W. Main Street Suite 115 El Centro, CA 92243

**Robert Menvielle** 

Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

## **FROM PROPERTY TAXES**

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, ZIF  | P 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 IN WHICH PAID                            |  |
| 1.   |   |                                |  |   |  |
| 2.   |   |                                |  |   |  |
| 3.   |   |                                |  |   |  |
| 4.   |   | VII                            |  |   |  |
| 5.   |   |                                |  |   |  |
| I hereby state that:   |   |                                |  |   |  |
| exhibit of literary state; (b) I intend to remo (c) The property is other state or co  | brought into this state exclusive scientific, educational, religive the property from the state subject to taxation in some country have been paid. | ious, or artistic works in thi | s state and is used only for ition here; | these purposes while in this all current taxes due in the |  |
| FOR ASS  | SESSOR'S USE ONLY   | TVAVIL                         | TVANL                                    |   |  |
| Received by  | (Assessor's designee)   | ADDRESS (STREE                 | T, CITY, STATE, ZIP CODE)                |   |  |
| (county or city)   |   | DAYTIME PHONE N                | DAYTIME PHONE NUMBER  ( )                |   |  |
| (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 CL  | AIM   | TITLE                          |  | DATE  |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

