EF-270-AH-R05-0810-19000199-1 BOE-270-AH REV. 05 (08-10)

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



**Los Angeles County Assessor** 500 W Temple ST

Los Angeles, CA 90012-2770 Phone: (213) 974-3341

Ms. Sharon Moeller

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, ZII  | P CODE)  |  |   |                                |  |
| ADDRESS OF EXHIBITION (STREET,   | $T \cap H$   |  |   | _                              |  |
| 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:   |  |  |   |                                |  |
| state; (b) I intend to remo (c) The property is  | y, scientific, educational, religive the property from the state subject to taxation in some country have been paid. | e following its use or exhib<br>other state or a foreign cou | ition here;                             | I all current taxes due in the |  |
| FOR ASS  | SESSOR'S USE ONLY  | NAME   | NAME                                    |                                |  |
|  |  | ADDRESS (STREE   | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                |  |
| Received by  | (Assessor's designee)  |  | ,                                       |                                |  |
| of   | (county or city)   | DAYTIME PHONE I  | NUMBER                                  |                                |  |
| ON(date)   |  | 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

