## 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.



## CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STAT <mark>E O</mark> R COUNTRY IN WHICH PAID	
1.					
2.					
3.				-	
4.					
5.					
I hereby state that:					
	is brought into <mark>thi</mark> s state exclu ary, scientific, educational, relig				
(b) I intend to rem	nove the property from the state	e following its use or exhi	bition here;		
	is subject to taxation in some c country have been paid.		ountry while in this state, and a Whom should we contact du pusiness hours for additional	ring normal	
FOR A	SSESSOR'S USE ONLY	NAME			
D		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)				
on		()			
	(date)	E-MAIL ADDRESS	5		
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

