EF-270-AH-R05-0810-34000229-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

CALIFORNIA.

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

SACRAMENTO COUNTY ASSESSOR

**CHRISTINA WYNN** 

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, ZIP	P CODE)				
710011200 (0711217, 0711, 07112, 211	0002)				
ADDRESS OF EXHIBITION (STREET, I	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:					
	brought into this state exclusive, scientific, educational, religi				
(b) I intend to remove	ve the property from the state	e following its use or exhib	vition here;		
(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 the					
other state or country have been paid.					
Whom s			Whom should we contact d	uring normal	
			usiness hou <mark>rs</mark> for additiona		
FOR ASSESSOR'S USE ONLY					
		ADDRESS (STREE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by					
	(Assessor's designee)				
of(county or city)		DAYTIME PHONE I	DAYTIME PHONE NUMBER		
on		( )			
(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 CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

