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 (STRE	ET, BOOTH, ETC.; BE SPECIFIC)			Λ	
	LIST ALL PERSONAL	PROPERTY FOR WHICH E	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.				-	
3.	$\mathbf{N}\mathbf{A}$			- /	
4.					
5.					
exhibit of liter state;	is brought into this state exclu ary, scientific, educational, relig	ious, or artistic works in th	his state and is used only for th		
(c) The property	move the property from the state is subject to taxation in some of country have been paid.	other state or a foreign co		ring normal	
FOR A	SSESSOR'S USE ONLY	NAME			
Received by	(Assessor's designee)	ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
of(county or city)			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

