## 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.



Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor

NAME	OF EXHIBITOR							
ADDRE	SS (STREET, CITY, STATE, ZI	IP CODE)						
ADDRE	SS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				^		
	LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED							
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES	S PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID		
1.								
2.								
3.						-		
4.			VI			-		
5.								
Ihere	exhibit of literar state;	s brought into this state exclu y, scientific, educational, religi	ious, or artistic v	works in this	s state and is used only for			
<ul> <li>(b) I intend to remove the property from the state following its use or exhibition here;</li> <li>(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.</li> </ul>								
	Whom should we contact during normal business hours for additional information?							
FOR ASSESSOR'S USE ONLY								
			ADI	DRESS (STREET,	, CITY, STATE, ZIP CODE)			
	ceived by	(Assessor's designee)						
of				YTIME PHONE NU	UMBER			
on	ON(date)			E-MAIL ADDRESS				
	CERTIFICATION							
10	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

