EF-270-AH-R05-0810-36000348-1 BOE-270-AH REV. 05 (08-10)

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.



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307

Phone: (909) 387-8307 Toll Free: (877) 885-7654

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZIP	CODE)				
ADDRESS OF EXHIBITION (STREET, E		PROPERTY FOR WHIC	H EXEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
3.4.	SA		PLE		
5.					
exhibit of literary state; (b) I intend to remove (c) The property is s	, scientific, educational, relig re the property from the state	ious, or artistic works e following its use or	of use or exhibition at an exponing this state and is used only for exhibition here; In country while in this state, and the work of the w	or these purposes while in this and all current taxes due in the during normal	
FOR ASSESSOR'S USE ONLY			NAME		
Received by	(Assessor's designee) (county or city)		STREET, CITY, STATE, ZIP CODE) HONE NUMBER		
on(date)		E-MAIL ADD	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 CL	AIM	TITLE		DATE	

