## **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 Toll Free: (877) 885-7654

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)			Λ	
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.	NAI			-	
4.					
5.					
exhibit of litera state; (b) I intend to ren (c) The property	is brought into this state exclus ary, scientific, educational, religi- nove the property from the state is subject to taxation in some of country have been paid.	ous, or artistic works in th following its use or exhit ther state or a foreign co	is state and is used only for the other the other is used only for the other o	hese purposes while in this all current taxes due in the	
		b	Whom should we contact du ousiness hours for additional		
FOR A	SSESSOR'S USE ONLY	NAME			
Received by	(Assessor's designee)	ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
of	(county or city)		NUMBER		
on					
	(000)				
CERTIFICATION					
I certify (or declare) u	under penalty of perjury under th	e laws of the State of Ca	lifornia that the foregoing and	d 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

