EF-270-AH-R05-0810-38000363-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor-Recorder
Office of the Assessor-Recorder
1 Dr. Carlton B. Goodlett Place - Room 190
San Francisco, CA 94102

www.sfassessor.org (415) 554-5596

Joaquin Torres

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 CODE)			
ADDRESS OF EXHIBITION (STREET, BOOTH, ETC.; BE SPECIFIC) LIST ALL PERSON	IAL PROPERTY FOR WHICH E	EXEMPTION IS CLAIMED	<u> </u>
DESCRIPTION DATE ENTERED CALIFORN	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.			
2.			
3.	N/IF		
4.	IVII		
5.			
state; (b) I intend to remove the property from the (c) The property is subject to taxation in sor other state or country have been paid.	~		luring normal
FOR ASSESSOR'S USE ONLY	NAME		
Received by	DAYTIME PHON () 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

