EF-270-AH-R05-0810-40000031-1 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.



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

| 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 |