EF-270-AH-R05-0810-41000289-1 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.



MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435

email: assessor@smcacre.gov web: www.smcacre.gov

| NAME OF EXHIBITOR | | | | | |
|--|--|-----------------------|--|--------------------------------|--|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | |
| ADDRESS OF EXHIBITION (STREET, E | | PROPERTY FOR WHICH EX | EMPTION IS CLAIMED | <u> </u> | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | VII | | | |
| 5. | | | | | |
| state; (b) I intend to remove the property from the state following its use or exhibition here; (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. Whom should we contact during normal business hours for additional information? | | | | | |
| FOR ASSESSOR'S USE ONLY | | | | | |
| Received by of on | (Assessor's designee) (county or city) | | ADDRESS (STREET, CITY, STATE, ZIP CODE) DAYTIME PHONE NUMBER () | | |
| (date) | | E-MAIL ADDRESS | 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 | |