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

web: www.smcacre.gov

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

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZI	P CODE)				
	· · · /				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STAT <mark>E O</mark> R COUNTRY IN WHICH PAID	
1.					
2.				-	
3.				-	
4.					
5.					
I hereby state that:					
			e or exhibition at an expositi is state and is used only for th		
(b) I intend to remo	ve the property from the stat	e following its use or exhib	bition here;		
	subject to taxation in some of ountry have been paid.	ICI	untry while in this state, and a Whom should we contact du usiness hou <mark>rs</mark> for additional	ring normal	
FOR ASSESSOR'S USE ONLY					
		ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
Received by					
of	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE	NUMBER		
on	(date)	() E-MAIL ADDRESS			
	(date)	E-MAIL ADDRESS			
CERTIFICATION					
L certify (or declare) under penalty of perium under the laws of the State of California that the foregoing and all information bereon					

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

