EF-270-AH-R05-0810-42000247-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

OF SANTA OF THE PROPERTY OF TH

County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

Joseph E. Holland

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

NAME OF EXHIBITOR					
ADDDESS (STREET OUTVISIATE 7)	D CODE)				
ADDRESS (STREET, CITY, STATE, ZI	P CODE)				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
					
	LIST ALL DEDSONAL D	POPERTY	EOD MAICH EA	EMPTION IS CLAIMED	
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED					
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.		_			
2.					
3.					
4.					
5.					
I hereby state that:					
(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public					
exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this					
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					
				usiness hours for additiona	
FOR AS	SESSOR'S USE ONLY		NAME		
TOTAL COLUMN COL					
			ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	
Received by(Assessor's designee)					
of	(Assessor's designee)				
of(county or city)			DAYTIME PHONE NUMBER		
on					
(date)			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

