## 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.



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

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, ST	ATE, ZIP CODE)			
ADDRESS OF EXHIBITION (S	TREET, BOOTH, ETC.; BE SPECIFIC)			
	LIST ALL PERSONAL PR	OPERTY FOR WHICH E	XEMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.				
3.	.NAI			-
4.		VII		
5.				
	erty is brought into this state exclusi iterary, <mark>sci</mark> entific, educational, religio			
. ,	remove the property from the state f	•		
	rty is subject to taxation in some oth e or country have been paid.		Whom should we contact d	uring normal
FOI	R ASSESSOR'S USE ONLY	NAME		
		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)	
Received by		, , , , , , , , , , , , , , , , , , ,		
	(Assessor's desianee)			
of	(county or city)	DAYTIME PHONE	NUMBER	
on			2	
	(dale)	E-MAIL ADDRESS	5	
		CERTIFICATION		
l certify (or declare	e) under penalty of perjury under the	laws of the State of Ca	alifornia that the foregoing an	d 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

