EF-270-AH-R05-0810-48000251-1 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.



## Glenn Zook Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

| NAME OF EXHIBITOR  |   |   |                                |   |  |
|--|---|---|--------------------------------|---|--|
| ADDRESS (STREET, CITY, STATE, ZIF  | P CODE)   |   |                                |   |  |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH FTC : BE SPECIFIC)  |   |                                |   |  |
| ABBITES OF EXHIBITION (CINEER,   | 500 m, 210., 52 or 20m 10)  |   |                                |   |  |
| LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED  |   |   |                                |   |  |
| DESCRIPTION  | DATE ENTERED CALIFORNIA   | DATE TAXES PAID   | AMOUNT OF TAXES PAID           | STATE OR COUNTRY IN WHICH PAID  |  |
| 1.   |   |   |                                |   |  |
| 2.   |   |   |                                |   |  |
| 3.   |   | \   |                                | - /   |  |
| 4.   |   | VII   |                                |   |  |
| 5.   |   | _   |                                |   |  |
| I hereby state that:   |   |   |                                |   |  |
| exhibit of literary state; (b) I intend to remo (c) The property is  | brought into this state exclu or, scientific, educational, religitive the property from the state subject to taxation in some of buntry have been paid. | ous, or artistic works in this following its use or exhibither state or a foreign cou | s state and is used only for t | hese purposes while in this all current taxes due in the uring normal |  |
| FOR ASS  | SESSOR'S USE ONLY   | NAME  |                                |   |  |
| Received by  | (Assessor's designee)   | ADDRESS (STREE  | T, CITY, STATE, ZIP CODE)      |   |  |
| of   | (county or city)  | DAYTIME PHONE I   | NUMBER                         |   |  |
| on   |   | ( )<br>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 CL  |   | TITLE   |                                | DATE  |  |