EF-270-AH-R05-0810-49000109-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



**Sonoma County Clerk-Recorder-Assessor** Business Property Division

585 Fiscal Dr, Rm 104 Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1330 FAX: (707) 565-3317

**Deva Marie Proto** 

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

| NAME OF EXHIBITOR  |   |             |   |                      |                                |
|--|---|-------------|---|----------------------|--------------------------------|
| ADDRESS (STREET, CITY, STATE, ZIF  | CODE)   |             |   |                      |                                |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSONAL  | PROPERTY FO | R WHICH EX                              | EMPTION IS CLAIMED   | <b>A</b>                       |
| DESCRIPTION  | DATE ENTERED CALIFORNIA   | DATE TAX    | S PAID                                  | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID |
| 1.   |   |             |   |                      |                                |
| 2.   |   |             |   |                      |                                |
| 3.   |   |             |   |                      |                                |
| 4.   |   |             |   |                      |                                |
| 5.   |   |             |   |                      |                                |
| (c) The property is  | we the property from the states subject to taxation in some country have been paid. | _           | foreign cou                             |                      |                                |
| FOR ASSESSOR'S USE ONLY  |   |             | NAME NAME                               |                      |                                |
|  |   |             | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                      |                                |
| Received by(Assessor's designee)   |   |             |   |                      |                                |
| Of(county or city)   |   |             | DAYTIME PHONE NUMBER                    |                      |                                |
| on(date)   |   |             | E-MAIL ADDRESS                          |                      |                                |
|  |   | CERTIFIC    | ATION                                   |                      |                                |
| 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  | AIM   | ТІТІ        | .E                                      |                      | DATE                           |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

