EF-270-AH-R05-0810-53000083-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257

Shanna White

Fax: (530) 623-8398 assessor@trinitycounty.org

County Clerk-Recorder-Assessor

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	A
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

