EF-270-AH-R05-0810-01000387-1 BOE-270-AH REV. 05 (08-10)

## **EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES**



**ALAMEDA COUNTY ASSESSOR** 1221 Oak St., Rm 145 Oakland, Ca. 94612-4288

**Phong La** 

(510) 272-6587 / FAX (510) 272-3803 www.acgov.org/assessor

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

| NAME OF EVIURITOR  |   |                 |  |                                |  |
|--|---|-----------------|--|--------------------------------|--|
| NAME OF EXHIBITOR  |   |                 |  |                                |  |
| ADDRESS (STREET, CITY, STATE, ZI   | P CODE)   |                 |  |                                |  |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH, ETC.: BE SPECIFIC)   |                 |  |                                |  |
|  |   |                 |  |                                |  |
| 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:   |   |                 |  |                                |  |
|  | brought into this state exclu<br>y, scientific, educational, religi |                 |  |                                |  |
|  | ve the property from the state                                      |                 |  |                                |  |
|  | subject to taxation in some o                                       |                 |  |                                |  |
|  |   |                 | Whom shou <mark>ld</mark> we contact ousiness hours for addition |                                |  |
| FOR ASSESSOR'S USE ONLY  |   |                 |  |                                |  |
|  |   | ADDRESS (STREE  | ADDRESS (STREET, CITY, STATE, ZIP CODE)                          |                                |  |
| Received by  | (Assessor's designee)   |                 |  |                                |  |
| of   | (county or city)  | DAYTIME PHONE N | NUMBER   |                                |  |
| on   |   | 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 C   | LAIM  | TITLE           |  | DATE                           |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

