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.



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

NAME OF EXHIBITOR	२						
ADDRESS (STREET,	CITY, STATE, ZIP C	CODE)					
ADDRESS OF EXHIBI	ITION (STREET, BO	DOTH, ETC.; BE SPECIFIC)				Λ	
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED							
DESCRIP	PTION	DATE ENTERED CALIFORNIA	DATE TAXES	PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.							
2.			Λ Λ				
3.						-	
4.							
5.							
exhil state	property is b bit of literary, e;	scientific, educational, relig	jious, or artistic v	vorks in this	state and is used only fo	osition, fair, carnival, or public or these purposes while in this	
. ,		e the property from the stat ubject to taxation in some o	•			nd all current taxes due in the	
	r state or cou	ntry have been paid.	15	W	/hom should we contact siness hours for additio	t during normal	
	FOR ASSE	SSOR'S USE ONLY	NAM				
Received by			ADD	RESS (STREET,	CITY, STATE, ZIP CODE)		
of		lssessor's designee)					
(county or city)			DAY (DAYTIME PHONE NUMBER			
(date)			E-M.	E-MAIL ADDRESS			
L			CERTIFICA				
L certify (or c	declare) unde	r penalty of periury under t	he laws of the S	tate of Calife	ornia 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 CLAIM	TITLE	DATE				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

