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							
ADDRE	SS (STREET, CITY, STATE, ZI	P CODE)						
ADDRE	SS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)	PROPERTY F	OR WHICH EXI	EMPTION IS CLAIMED	Λ		
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TA	XES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID		
1. 2.						_		
3.		SAI				-		
4. 5.								
l here	exhibit of literar state;	s brought into this state exclu y, scientific, educational, religi	ous, or artis	tic works in this	s state and is used only for t	tion, fair, carnival, or public these purposes while in this		
	(c) The property is	ove the property from the state subject to taxation in some o ountry have been paid.		r a foreign cour		uring normal		
	FOR AS	SESSOR'S USE ONLY						
Rec	eived by			ADDRESS (STREET	T, CITY, STATE, ZIP CODE)			
of		(Assessor's designee)						
	On			DAYTIME PHONE NUMBER ()				
	(date)			E-MAIL ADDRESS				
	CERTIFICATION							
Ιc	ertify (or declare) un	der penalty of perjury under th	ne laws of th	e State of Cali	fornia that the foregoing an	d 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

