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	IP CODE)				
ADDRE	SS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Λ	
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.						
2.		\mathbf{C}				
3.		NAI				
4.					-	
5.						
Inere	exhibit of literar state;	s brought into this state exclu y, scientific, educational, religi ove the property from the state	ious, or artistic works in th	is state and is used only for t		
		subject to taxation in some o ountry have been paid.		Untry while in this state, and Whom should we contact de usiness hours for additiona	uring normal	
FOR ASSESSOR'S USE ONLY						
Rec	eived by	(Assessor's designee)	ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
of						
on		(county or city) (date)	DAYTIME PHONE () E-MAIL ADDRESS			
			CERTIFICATION			
10	I certify (or declare) under penalty of periury 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 CLAIM	TITLE	DATE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

