EF-270-AH-R05-0810-03000217-1 BOE-270-AH REV. 05 (08-10)

## 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 EXHIB	ITOR						
ADDRESS (STRE	EET, CITY, STATE, ZIP	CODE)					
ADDRESS OF EX	KHIBITION (STREET, E	BOOTH, ETC.; BE SPECIFIC)					
			+			$\overline{\Lambda}$	
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.							
5.							
I hereby sta							
e	he property is xhibit of literary tate;	brought into this state exclu , scientific, educational, relig	isively for p ious, or artis	urposes of use stic works in th	e or exhibition at an is state and is used o	exposition, fair, carnival, or publication only for these purposes while in this	
(b) I intend to remove the property from the state following its use or exhibition here;							
(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due other state or country have been paid.  Whom should we contact during normal business hours for additional information?							
FOR ASSESSOR'S USE ONLY					NAME		
				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Received by				Nobeless (office), siri, sirie, zii sobe)			
T COOLVOO		(Assessor's designee)					
of		(county or city)		DAVIME DUONE	ALLIMDED.		
on				DAYTIME PHONE NUMBER ( )			
on	(date)			E-MAIL ADDRESS			
			CERTI	FICATION			
I certify (	or declare) und	ler penalty of perjury under ti	he laws of t	ne State of Ca	lifornia that the forego	oing and all information hereon,	
includ	ing any accomp	panying statements or docum	ments, is tru	e, correct and	complete to the best	of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM				TITLE		DATE	