EF-270-AH-R05-0810-04000288-1 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.



Alyssa Douglass Butte County Assessor

25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, 2	ZIP CODE)				
ADDICESS (STILLE), CITT, STATE, I	zir GODL)				
ADDRESS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY FOR WHICH EX	EMPTION 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:					
exhibit of litera	is br <mark>ou</mark> ght into <mark>thi</mark> s sta te exclu ary, <mark>sc</mark> ientific, e <mark>du</mark> cational, religi				
state;	and the management from the state	fallaccina ita can ar achib	ition have		
	nove the property from the state	-		all ourrent toyon due in the	
	s subject to taxation in some of country have been paid.	other state of a foreign cot	untry write in this state, and	all current taxes due in the	
	,				
			<mark>Whom s</mark> houl <mark>d</mark> we contact d usiness hours for additiona		
EOD AS	SSESSOR'S USE ONLY	NAME	usiness nours for additiona	i illioilliation:	
TORA	DOLOGOK O GOL ONLI				
		ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(Assessor a designee)				
(county or city)		DAYTIME PHONE I	DAYTIME PHONE NUMBER		
on			()		
	(date)	E-MAIL ADDRESS			
		CERTIFICATION			
	nder penalty of perjury under tl mpanying statements or docun				
			•		
SIGNATURE OF PERSON MAKING CLAIM		TITLE	J	DATE	

