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 C | OF EXHIBITOR | | | | | | | | |
|--|--|--|-----------|-----------------------|---------------------------|--|--|--|--|
| ADDRE | SS (STREET, CITY, STATE, ZI | IP CODE) | | | | | | | |
| ADDRE | SS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | Λ | | | |
| | LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED | | | | | | | | |
| | DESCRIPTION | DATE ENTERED CALIFORNIA | DATE T | AXES PAID | AMOUNT OF TAXES PAID | STAT <mark>E O</mark> R COUNTRY IN WHICH PAID | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | - | | | |
| 3. | | | Λ | | | - | | | |
| 4. | | | | | | - | | | |
| 5. | | | | | | | | | |
| I here | | s brought into this state exclu y, scientific, educational, relig | | | | | | | |
| (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 in the other state or country have been paid. Whom should we contact during normal business hours for additional information? | | | | | | | | | |
| FOR ASSESSOR'S USE ONLY | | | | | | | | | |
| | eived by | (Assessor's designee) | | ADDRESS (STREE | T, CITY, STATE, ZIP CODE) | | | | |
| of | | (county or city) | | DAYTIME PHONE I | NUMBER | | | | |
| on | ON(date) | | | () E-MAIL ADDRESS | | | | | |
| | | | CERTI | FICATION | | | | | |
| l c | I certify (or declare) under penalty of perjury 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

