## 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.



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

NAME C	OF EXHIBITOR								
ADDRE	SS (STREET, CITY, STATE, Z	IP CODE)							
ADDRE	SS OF EXHIBITION (STREET	; BOOTH, ETC.; BE SPECIFIC)							
	LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED								
	DESCRIPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAXES PAID	STAT <mark>E</mark> OR COUNTRY IN WHICH PAID			
1.									
2.						_			
3.	_		$\mathbf{N}$			-			
4.									
5.									
l here	by state that:								
		s brought into this state exclu y, scientific, educational, relig							
	(b) I intend to remo	ove the property from the state	e following	ts use or exhib	bition 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 too ther state or country have been paid. Whom should we contact during normal business hours for additional information?									
FOR ASSESSOR'S USE ONLY									
				ADDRESS (STREE	T, CITY, STATE, ZIP CODE)				
Rec	eived by	(Assessor's designee)							
of		(Assessor's designee)							
				DAYTIME PHONE	NUMBER				
on		(date)		E-MAIL ADDRESS					
			CERTI	FICATION					
l c	ertify (or declare) un	der penalty of perjury under ti	he laws of t	he State of Cal	lifornia 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

