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.



EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5739

| NAME OF EXHIBITC |)R | | | | | |
|-------------------------------------|--|--|--------------------------------|---|--|------------------------------------|
| ADDRESS (STREET | , CITY, STATE, ZIP | CODE) | | | | |
| ADDRESS OF EXHI | BITION (STREET, E | OOTH, ETC.; BE SPECIFIC) | | | | Λ |
| | | LIST ALL PERSONAL | PROPERTY | FOR WHICH EX | EMPTION IS CLAIMED | |
| DESCR | IPTION | DATE ENTERED CALIFORNIA | DATE | TAXES PAID | AMOUNT OF TAXES PA | AID STATE OR COUNTRY IN WHICH PAID |
| 1. | | | | | | |
| 2. | | | Λ | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| exh stat (b) I int (c) The | ibit of literary te; tend to remove property is s | scientific, educational, reli e the property from the sta | gious, or art ite following | istic works in th its use or exhit or a foreign cou | is state and is used onl bition here; | |
| FOR ASSESSOR'S USE ONLY | | | | NAME | | |
| | | | | ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| Received by | | (Assessor's designee) | | | | |
| of | | (county or city) | | DAYTIME PHONE | NUMBER | |
| on | ON | | | () E-MAIL ADDRESS | | |
| | | | CERT | IFICATION | | |
| l certifv (or | declare) und | er penalty of perjury under | | | lifornia that the foregoi | ng 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

