## 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.



Howard LaHaie Humboldt County Assessor 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276

| NAME  | OF EXHIBITOR                |   |                              |  |   |
|-------|-----------------------------|---|------------------------------|--|---|
| ADDRE | ESS (STREET, CITY, STATE, 2 | ZIP CODE)   |                              |  |   |
| ADDRE | ESS OF EXHIBITION (STREE    | T, BOOTH, ETC.; BE SPECIFIC)  |                              |  | <b>^</b>  |
|       |                             | LIST ALL PERSONAL   | PROPERTY FOR WHICH EX        | EMPTION IS CLAIMED   |   |
|       | DESCRIPTION                 | DATE ENTERED CALIFORNIA   | DATE TAXES PAID              | AMOUNT OF TAXES PAID   | STATE OR COUNTRY IN<br>WHICH PAID                           |
| 1.    |                             |   |                              |  |   |
| 2.    |                             |   |                              |  |   |
| 3.    |                             |   |                              |  | -   |
| 4.    |                             |   | VII                          |  |   |
| 5.    |                             |   |                              |  |   |
| THOR  | exhibit of litera state;    | s brought into this state exclu<br>ry, scientific, educational, religi<br>ove the property from the state | ous, or artistic works in th | is state and is used only for t  | ion, fair, carnival, or publi<br>hese purposes while in thi |
|       |                             | s subject to taxation in some o<br>country have been paid.  |                              | untry while in this state, and<br>Whom should we contact du<br>business hours for additional | uring normal  |
|       | FOR AS                      | SSESSOR'S USE ONLY  | NAME                         |  |   |
| Red   | ceived by                   | (Assessor's designee)   | ADDRESS (STRE                | ET, CITY, STATE, ZIP CODE)   |   |
| of    |                             | (county or city)  |                              | NUMBER   |   |
| on    |                             |   | E-MAIL ADDRESS               |  |   |
|       |                             |   | CERTIFICATION                |  |   |
|       | pertify (or declare) ur     | nder nenalty of neriury under th  |                              | lifornia that the foregoing and  | 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

