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.



Robert Menvielle Imperial County Assessor 940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

| NAME OF EXHIBITOR | | | | | |
|---------------------------------|--|---------------------|---------------|------------------------------|-----------------------------------|
| ADDRESS (STREET, CITY, STATE, 2 | ZIP CODE) | | | | |
| ADDRESS OF EXHIBITION (STREE | T, BOOTH, ETC.; BE SPECIFIC) | | | | |
| | LIST ALL PERSONAL | PROPERTY FOR V | WHICH EXE | MPTION IS CLAIMED | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE TAXES | PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID |
| 1. | | | | | |
| 2. | \frown | | | | |
| 3. | NA | | | | - / |
| 4. | | | | | - |
| 5. | | | | | |
| exhibit of litera state; | s brought into this state exclu ry, scientific, educational, relig ove the property from the state | ious, or artistic w | orks in this | state and is used only for t | |
| (c) The property is | s subject to taxation in some o country have been paid. | - | oreign coun | | uring normal |
| FOR ASSESSOR'S USE ONLY | | | | | |
| Received by | (Assessor's designee) | ADDF | RESS (STREET, | CITY, STATE, ZIP CODE) | |
| of | (county or city) | | TIME PHONE NU | IMPED | |
| on | | (| | | |
| | (aate) | E-MA | ADDKESS | | |
| CERTIFICATION | | | | | |
| | | | | | |

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

