## **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.



## **Douglas W. Wacker** County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS OF EXHIBITION (STREET	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.	$\mathbf{N} \mathbf{A}$				
4.					
5.					
I hereby state that:					
	s br <mark>ou</mark> ght into this state exclu ry, scientific, educational, religi				
,	ove the property from the state	e following its use or exhi	bition here;		
	s subject to taxation in some o country have been paid.		Whom should we contact d	uring normal	
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)		NUMBER		
on		( )			
	(date)	E-MAIL ADDRESS	3		
CERTIFICATION					
l certify (or declare) un	nder penalty of perjury under th	he laws of the State of Ca	alifornia that the foregoing an	nd 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

