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.



Ms. Sharon Moeller Los Angeles County Assessor 500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	ZIP CODE)				
ADDRESS OF EXHIBITION (STREET	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH E	EMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.				-	
3.	NA			-	
4.					
5.					
exhibit of litera state;	s brought into this state exclu ry, scientific, educational, relig	ious, or artistic works in th	is state and is used only for th		
()	ove the property from the state	e e			
	s subject to taxation in some of country have been paid.	ICI	untry while in this state, and a Whom should we contact du pusiness hours for additional	iring normal	
FOR ASSESSOR'S USE ONLY		NAME	NAME		
		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of					
(county or city)			DAYTIME PHONE NUMBER		
	(date)	E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
L cortifu (or declare) ur	der penalty of periury under t		lifornia that the foregoing and	d all information hereon	

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

