EF-270-AH-R05-0810-19000074-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES



Los Angeles County Assessor
500 W Temple ST
Los Angeles CA 90012-2770

500 W Temple ST Los Angeles, CA 90012-2770 Phone: (213) 974-3341

Ms. Sharon Moeller

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZIP	CODE)				
ADDRESS OF EXHIBITION (STREET, E					<u> </u>
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED					
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TA	XES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.		_			
2.		Λ			
3.					
4.					
5.					
state; (b) I intend to remov (c) The property is s	ve the property from the stat	e following it	s use or exhib	ition here;	
FOR ASSESSOR'S USE ONLY			NAME		
Received by			ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Of(county or city)			DAYTIME PHONE NUMBER		
On(date)			E-MAIL ADDRESS		
		CERTIF	ICATION		
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 CLA	AIM	Т	ITLE		DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

