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.



Brett Frazier Madera County Assessor 200 West 4th Street Madera, CA 93637-3548

Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

NAME OF EXHIBITC	DR						
ADDRESS (STREET	, CITY, STATE, ZIP (CODE)					
ADDRESS OF EXHI	BITION (STREET, BO	DOTH, ETC.; BE SPECIFIC)	PROPERTY	FOR WHICH EX	EMPTION IS CLAIM	MED	Λ
DESCRI	IPTION	DATE ENTERED CALIFORNIA	DATE T	AXES PAID	AMOUNT OF TAX	ES PAID	STATE OR COUNTRY IN WHICH PAID
1.							
2.			Λ				
3.			\mathbf{N}				•
4.							
5.				_			
stat (b) Lint (c) The	te; tend to remove e property is si	scientific, educational, relige the property from the statu bject to taxation in some intry have been paid.	te following i	ts use or exhib r a foreign cou	ition here;	state, and all	current taxes due in the
FOR ASSESSOR'S USE ONLY				business hours for additional information?			
	TORASSI			ADDRESS (STREE	T, CITY, STATE, ZIP COD	<u>_</u>)	
Received by	(/	Assessor's designee)			, on i, on i	L)	
of			DAYTIME PHONE NUMBER				
ON(date)			() E-MAIL ADDRESS				
			CERTI	FICATION			
		r penalty of perjury under anying statements or docu					

SIGNATURE OF PERSON MAKING CLAIM TITLE DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

