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

