NAME OF EXHIBITOR

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

www.maderacounty.com/government/assessor

Fax: (559) 675-7654

ADDRESS (STREET, CITY, STATE, Z	ZIP 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.				- /	
4.					
5.					
I hereby state that:					
	s brought into this state exclu ry, <mark>sci</mark> entific, educational, relig				
(b) I intend to rem	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.	ICI	Whom should we contact du business hours for additional	iring normal	
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by					
of	(Assessor's designee)				
of(county or city)			DAYTIME PHONE NUMBER		
on					
	(date)	E-MAIL ADDRESS	5		
		CERTIFICATION			

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

