## 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.



## Shelly Scott

Assessor-Recorder-County Clerk County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS OF EXHIBITION (STREET	, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	ROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Λ	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.				_	
2.					
3.	NAI			- /	
4.					
5.					
exhibit of literar state; (b) I intend to remo (c) The property is	s brought into this state exclusivy, scientific, educational, religion ove the property from the state a subject to taxation in some of country have been paid.	ous, or artistic works in th following its use or exhil her state or a foreign co	is state and is used only for t bition here;	hese purposes while in this all current taxes due in the u <b>ring normal</b>	
FOR AS	SESSOR'S USE ONLY	NAME			
Received by		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
	(Assessor's designee)				
(county or city)		DAYTIME PHONE			
ON(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
I certify (or declare) un	der penalty of perjury under the		lifornia that the foregoing an		

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

