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.



Becky Crafts County of Mariposa Assessor/Recorder 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.				-	
3.	NA			-	
4.				-	
5.					
I hereby state that:					
	is brought into this state exclu ary, scientific, educational, relig				
(b) I intend to rem	nove the property from the state	e following its use or exhit	pition here;		
	is subject to taxation in some of country have been paid.	ICI	untry while in this state, and Whom should we contact do usiness hours for additiona	uring normal	
	SSESSOR'S USE ONLY	NAME	usiness nours for additiona	i mormauon :	
TORA	SSESSOR S USE ONET				
		ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of					
		DAYTIME PHONE	DAYTIME PHONE NUMBER		
ON(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
L certify (or declara) u	nder penalty of perjury under t	he laws of the State of Co	lifornia that the foregoing on	d all information hereon	
	mpanying statements or docur				

SIGNATURE OF PERSON MAKING CLAIM TITLE DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

