EF-270-AH-R05-0810-22000117-1 BOE-270-AH REV. 05 (08-10)

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.



## Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

ADDRESS (STREET, CITY, STATE, Z	ZIP CODE)				
ADDDESS OF EVALUATION (OTDES	T. DOOT!! FTO . DE ODEO!E!O)				
ADDRESS OF EXHIBITION (STREET	I, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	ROPERTY FOR WHICH EX	EMPTION IS CLAIMED		
				STATE OR COUNTRY IN	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	WHICH PAID	
1.					
2.					
3.					
4.		VIII			
				_	
5.		_			
I hereby state that:					
	s brought into this state exclus	sively for nurnoses of us	e or exhibition at an expositi	on fair carnival or public	
	ry, scientific, educational, religi				
state;					
(b) I intend to remo	ove the property from the state	following its use or exhib	oition here;		
	s subject to taxation in some of	ther state or a foreign co	untry while in this state, and	all current taxes due in the	
other state or o	country have been paid.				
			Whom should we contact during normal		
			usiness hours for additional		
FOR AS	SESSOR'S USE ONLY	NAME	NAME		
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of					
(county or city)		DAYTIME PHONE	DAYTIME PHONE NUMBER		
on		( )	( )		
(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
CERTIFICATION					
I certify (or declare) un	nder penalty of perjury under th	e laws of the State of Ca	lifornia that the foregoing and	d all information hereon,	
including any accor	mpanying statements or docum	ents, is true, correct and	complete to the best of my k	nowledge and belief.	
SIGNATURE OF PERSON MAKING O	⊃L ΔIM	TITLE	lr	DATE	
SIGNAL OF F LIVOUR INAVIEW OF THE		11166			