EF-270-AH-R05-0810-23000111-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020

Katrina Bartolomie

Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

## To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| NAME OF EXHIBITOR  |   |  |   |                                |  |
|--|---|--|---|--------------------------------|--|
| ADDRESS (STREET, CITY, STATE,                              | ZIP CODE)   |  |   |                                |  |
| ADDRESS OF EXHIBITION (STREET                              | ET, BOOTH, ETC.; BE SPECIFIC)   |  |   |                                |  |
|  | <del>T        </del>  |  |   |                                |  |
|  | LIST ALL PERSONAL P   | 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.   |   | VII  |   |                                |  |
| 5.   |   |  |   |                                |  |
| I hereby state that:                                       |   |  |   |                                |  |
| state; (b) I intend to ren (c) The property other state or | ary, scientific, educational, religinove the property from the state is subject to taxation in some o country have been paid. | e following its use or exhi-<br>ther state or a foreign co | bition here;                            | d all current taxes due in the |  |
| FOR A  | SSESSOR'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  |   |                                |  |
|  | under penalty of perjury under the ompanying statements or docum  |  |   |                                |  |
| SIGNATURE OF PERSON MAKING CLAIM                           |   | TITLE  |   | DATE                           |  |
|  |   | I  |   | 1                              |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION