EF-270-AH-R05-0810-26000365-1 BOE-270-AH REV. 05 (08-10)

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.



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

NAME OF EXHIBITOR					
ADDDESO (OTDEET OUT) OTATE 715	2,0005)				
ADDRESS (STREET, CITY, STATE, ZIF	CODE)				
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION 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:					
	brought into this state exclu y, scientific, educational, religi				
(b) I intend to remo	ve the property from the state	e following its use or exhib	ition here;		
(c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in the other state or country have been paid. Whom should we contact during normal					
		bi	usiness hou <mark>rs</mark> for additiona	Il information?	
FOR ASSESSOR'S USE ONLY			NAME		
		ADDRESS (STREE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Treceived by	(Assessor's designee)				
of	4				
(county or city) On		()	DAYTIME PHONE NUMBER ()		
(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
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 CL	AIM	TITLE		DATE	

