EF-270-AH-R05-0810-27000187-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

Xochitl Marina Camacho

Monterey County Assessor

Fnone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

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

NAME OF EVIURITOR					
NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZI	P 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				
	ve the property from the state				
	subject to taxation in some o				
			Whom shou <mark>ld</mark> we contact ousiness hours for addition		
FOR ASSESSOR'S USE ONLY					
		ADDRESS (STREE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE N	NUMBER		
on		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 C	LAIM	TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

