EF-270-AH-R05-0810-29000401-1 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.



Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS OF EXHIBITION (STREET	, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH E	XEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.		Λ Λ Γ			
3.					
4.		VII		-	
5.					
exhibit of literar state; (b) I intend to remo (c) The property is	s brought into this state exclury, scientific, educational, religions the property from the state subject to taxation in some country have been paid.	ious, or artistic works in the following its use or exhibition state or a foreign control of the following its use or exhibition in the following its use or exhibition in the following its use of	his state and is used only for ibition here;	these purposes while in this d all current taxes due in the	
FOR AS	SESSOR'S USE ONLY	NAME	NAME		
Received by	(Assessor's designee)	ADDRESS (STRI	EET, CITY, STATE, ZIP CODE)		
Of(county or city)		DAYTIME PHONI	DAYTIME PHONE NUMBER		
On(date)		E-MAIL ADDRES	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	CLAIM	TITLE		DATE	