## 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

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,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	T, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	EXEMPTION IS CLAIMED		
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.				-	
3.				-	
4.					
5.					
	is brought into this state exclu ary, scientific, educational, relig				
(c) The property i	nove the property from the state is subject to taxation in some of country have been paid.	other state or a foreign co		uring normal	
FOR A	SSESSOR'S USE ONLY	NAME	_		
Received by		ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)		
of	(Assessor's designee)				
(county or city) On		DAYTIME PHONE	DAYTIME PHONE NUMBER		
	(date)	E-MAIL ADDRESS	3		
L		CERTIFICATION			
l certify (or declare) u	nder penalty of perjury under t	he laws of the State of Ca	alifornia that the foregoing an	d 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 CLAIM	TITLE	DATE			

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

