EF-270-AH-R05-0810-29000102-1 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, ZIP	CODE)				
ADDRESS OF EXHIBITION (STREET, E		PROPERTY FOR WHICH E)	EMPTION IS CLAIMED	<u> </u>	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.					
2.					
3.					
4.		VII			
5.					
(c) The property is so other state or co	ve the property from the star subject to taxation in some nuntry have been paid.	other state or a foreign co	whom should we contact dusiness hours for additional	uring normal	
		ADDRESS (STREE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of	(county or city)	DAYTIME PHONE	NUMBER		
On(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	