EF-270-AH-R05-0810-32000190-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Plumas County Assessor 1 Crescent Street Quincy, CA 95971

Cynthia L. Froggatt

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

| NAME OF EXHIBITOR  |  |                                |  |                                |  |
|--|--|--------------------------------|--|--------------------------------|--|
| ADDRESS (STREET, CITY, STATE, ZIF  | P CODE)  |                                |  |                                |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 0022,  |                                |  |                                |  |
| 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.   |  | VIII                           |  |                                |  |
| 5.   |  |                                |  |                                |  |
| L baraby state that:   |  |                                |  |                                |  |
| I hereby state that:   | brancht into this state evalu  |                                | an avhibition at an avna                 | itian fair carrival ar nublic  |  |
|  | br <mark>ou</mark> ght into <mark>thi</mark> s state exclu<br>, scientific, educational, relig |                                |  |                                |  |
| state;   | , odientino, educational, reng   | iode, or drugge works in an    | o otate and to accuromy for              | these purposes write in this   |  |
| (b) I intend to remove   | ve the property from the state   | e following its use or exhib   | ition here;                              |                                |  |
| (c) The property is  | subject to taxation in some of   | other state or a foreign cou   | intry while in this state, and           | I all current taxes due in the |  |
| other state or country have been paid.   |  |                                |  |                                |  |
| Whom should we contact during normal   |  |                                |  |                                |  |
|  |  |                                | usiness hours for additiona              |                                |  |
| FOR ASSESSOR'S USE ONLY  |  |                                |  |                                |  |
|  |  | ADDRESS (STREE                 | ADDRESS (STREET, CITY, STATE, ZIP CODE)  |                                |  |
| Received by  |  | ABBILESS (STALL                | 7.55.1250 (0.7.121., 0.7.1.2, 2.1. 0052) |                                |  |
| Treceived by   | (Assessor's designee)  |                                |  |                                |  |
| of   |  |                                |  |                                |  |
| (county or city)   |  | DAYTIME PHONE N                | 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. |  |                                |  |                                |  |
| moduling any accomp  | parrying statements or docum   | nonio, is true, correct ariu ( | complete to the best of fifty            | Milowicage and Deliel.         |  |
| SIGNATURE OF PERSON MAKING CL  | AIM  | TITLE                          |  | DATE                           |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

