EF-270-AH-R05-0810-36000226-1 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.



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307

Phone: (909) 387-8307 Toll Free: (877) 885-7654

NAME OF EXHIBITOR						
ADDDESS (STDEET CITY STATE 7	UR CORE\					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)					
ADDRESS OF EXHIBITION (STREET	T, BOOTH, ETC.; BE SPECIFIC)					
	 /					
	LIST ALL BERSONAL	PODERTY	EOB MINCH E	YEMPTION IS CLAIMED		
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED						
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE I	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.						
2.						
3.						
4.		V			-	
5.			_			
I hereby state that:						
•	s br <mark>ou</mark> ght into this state exclu	sively for n	urposes of us	se or exhibition at an expos	ition fair carnival or public	
	ry, <mark>sci</mark> entific, educat <mark>io</mark> nal, relig					
state;						
(b) I intend to remo	ove the property from the state	e following i	ts use or exhi	bition here;		
	s subject to taxation in some of	ther state of	or a foreign co	untry while in this state, and	d all current taxes due in the	
other state or country have been paid.						
				Whom should we contact during normal		
				ousiness hou <mark>rs</mark> for additiona		
FOR AS	SESSOR'S USE ONLY		NAME			
			ADDRESS (ATREET SITE ATRACTED AND ADDRESS			
Descined by			ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Received by						
of						
(county or city)			DAYTIME PHONE NUMBER			
on			()			
(date)			E-MAIL ADDRESS	3		
		CERTI	FICATION			
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 accor	mpanying statements or docur	ments, is tru	e, correct and	complete to the best of my	knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE		

