EF-270-AH-R05-0810-36000235-1 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				
ADDRESS (STREET, CITY, STATE, Z.	P CODE)			
ADDRESS OF EXHIBITION (STREET	<i>T </i>	PROPERTY FOR WHICH EX	EMPTION IS CLAIMED	Δ
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.3.4.	SA	ME) L E	
5.				
I hereby state that:				
exhibit of literar state; (b) I intend to remote (c) The property is other state or continuous cont	s brought into this state excluy, scientific, educational, religible to the property from the state subject to taxation in some country have been paid. SESSOR'S USE ONLY	ious, or artistic works in thi e following its use or exhib other state or a foreign cou	s state and is used only for oition here;	these purposes while in this all current taxes due in the
FOR AS	3E330K 3 U3E UNL1			
Received by of on	(Assessor's designee) (county or city)	DAYTIME PHONE I	RT, CITY, STATE, ZIP CODE)	
	(date)	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	LAIM	TITLE		DATE

