EF-270-AH-R05-0810-38000283-1 BOE-270-AH REV. 05 (08-10)

## EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

Assessor-Recorder
Office of the Assessor-Recorder
1 Dr. Carlton B. Goodlett Place - Room 190
San Francisco, CA 94102
www.sfassessor.org (415) 554-5596

**Joaquin Torres** 

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,	ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL F	PROPERTY FOR WHICH EX	EMPTION 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.					
I hereby state that:					
	is br <mark>ou</mark> ght into <mark>this sta</mark> te exclu ary, <mark>sci</mark> entific, educational, religi				
	nove the property from the state	-			
	is subject to taxation in some of country have been paid.		Whom should we contact during normal business hours for additional information?		
FOR A	SSESSOR'S USE ONLY	NAME	usiness nours for additiona	a momation:	
		ADDRESS (STREE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by			, 		
of	(Assessor's designee)				
(county or city)		DAYTIME PHONE	DAYTIME PHONE NUMBER		
on		E-MAIL ADDRESS	E-MAIL ADDRESS		
		CERTIFICATION			
	under penalty of perjury under the				
including any accompanying statements or documents, is to			complete to the best of my		
SIGNATURE OF PERSON MAKING CLAIM		TITLE		DATE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

