## **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.



**Joaquin Torres** 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

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, STA	ATE, ZIP CODE)			
ADDRESS OF EXHIBITION (ST	REET, BOOTH, ETC.; BE SPECIFIC)			
	LIST ALL PERSONAL	PROPERTY FOR WHICH EX	KEMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.	$\mathbf{C}$			
3.	NA			-
4.				
5.				
exhibit of lit state; (b) I intend to r (c) The proper	rty is brought into this state exclu terary, scientific, educational, relig remove the property from the stat ty is subject to taxation in some o or country have been paid.	ious, or artistic works in the following its use or exhibited of a foreign co	his state and is used only for the bition here;	nese purposes while in this all current taxes due in the ring normal
FOR	ASSESSOR'S USE ONLY	NAME		
Received by	(Assessor's designee)	ADDRESS (STRE	ET, CITY, STATE, ZIP CODE)	
of(county or city)			NUMBER	
ON(date)		E-MAIL ADDRESS	() E-MAIL ADDRESS	
		CERTIFICATION		
I certify (or declare	e) under penalty of perjury under t	he laws of the State of Ca	alifornia that the foregoing and	I 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 CLAIM	TITLE	DATE			

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

