## **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<br>WHICH PAID  |
| 1.  |  |   |   |  |
| 2.  | $\mathbf{C}$   |   |   |  |
| 3.  | NA   |   |   | -  |
| 4.  |  |   |   |  |
| 5.  |  |   |   |  |
| exhibit of lit<br>state;<br>(b) I intend to r<br>(c) The proper | rty is brought into this state exclu<br>terary, scientific, educational, relig<br>remove the property from the stat<br>ty is subject to taxation in some o<br>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<br>all current taxes due in the<br>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  | ()<br>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

