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.



Greg Monteverde

Acting Assessor Exemption Division 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE,	, ZIP CODE)				
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)				
	LIST ALL PERSONAL P	ROPERTY FOR WHICH E	XEMPTION 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 I			-	
4.				-	
5.					
exhibit of litera state;	is brought into this state exclus ary, scientific, educational, religi	ous, or artistic works in th	his state and is used only for t		
	nove the property from the state is subject to taxation in some o	-		all current taxes due in the	
	country have been paid.		Whom should we contact du	uring normal	
FOR A	SSESSOR'S USE ONLY	NAME			
		ADDRESS (STRE	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
Received by	(Assessor's designee)				
of					
of			DAYTIME PHONE NUMBER		
(date)		E-MAIL ADDRESS	E-MAIL ADDRESS		
<u> </u>		CERTIFICATION			
I certify (or declare) u	under penalty of perjury under th	e laws of the State of Ca	alifornia that the foregoing and	d 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

