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.



Sheri Thomas County of Santa Cruz Assessor 701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002 Email: asrwebmail@co.santa-cruz.ca.us

NAME OF EXHIBIT	OR					
ADDRESS (STREE	T, CITY, STATE, ZIP	° CODE)				
ADDRESS OF EXH	IIBITION (STREET, I	BOOTH, ETC.; BE SPECIFIC)				^
		LIST ALL PERSONAL	PROPERTY	FOR WHICH EX	EMPTION IS CLAIMED	
DESCF	RIPTION	DATE ENTERED CALIFORNIA	DATE	TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.						
2.			Λ			
3.			\mathbf{N}			
4.						
5.						
ex sta (b) I ir (c) Th	hibit of literary ate; ntend to remove property is s	r, scientific, educational, reliver the property from the sta	gious, or arti	stic works in thi its use or exhib	s state and is used only for ition here;	tion, fair, carnival, or public these purposes while in this all current taxes due in the
				Whom should we contact during normal business hours for additional information?		
	FOR ASS	SESSOR'S USE ONLY		NAME		
Received by				ADDRESS (STREET, CITY, STATE, ZIP CODE)		
of		(Assessor's designee)				
(county or city)			DAYTIME PHONE NUMBER			
on		(date)		E-MAIL ADDRESS		
L			CERT	FICATION		
I certify (o	r declare) uno	ler penalty of perjury under	the laws of	the State of Cal	ifornia that the foregoing ar	nd 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

