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 EXHIBITOR | | | | | | | |
|---|---|---|---------------|------------------|-------------------------------|-----------------------------------|--|--|
| ADDRE | SS (STREET, CITY, STATE, ZI | P CODE) | | | | | | |
| ADDRE | SS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | | | |
| | LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED | | | | | | | |
| | DESCRIPTION | DATE ENTERED CALIFORNIA | DATE | TAXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | - | | |
| 5. | | | | | | | | |
| I here | | brought into this state excl y, scientific, educational, relig | | | | | | |
| | | ve the property from the star | - | | | | | |
| (c) The property is subject to taxation in some other state or a foreign country while in this state, and all current taxes due in other state or country have been paid. Whom should we contact during normal business hours for additional information? | | | | | | | | |
| | FOR ASS | SESSOR'S USE ONLY | | NAME | | | | |
| | | | | ADDRESS (STREE | T, CITY, STATE, ZIP CODE) | | | |
| | eived by | (Assessor's designee) | | | | | | |
| of | | (county or city) | | DAYTIME PHONE N | IUMBER | | | |
| | | | | E-MAIL ADDRESS | | | | |
| | | (uare) | | | | | | |
| | CERTIFICATION | | | | | | | |
| Ιc | ertify (or declare) und | der penalty of perjury under a | the laws of i | the State of Cal | ifornia that the foregoing an | 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

