## 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.



## Glenn Zook Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, Z	IP CODE)				
ADDRESS 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.		<u>л / Г</u>		-	
3.	<b>NA</b>			- /	
4.				-	
5.					
I hereby state that:					
			use or exhibition at an exposit this state and is used only for t		
(b) I intend to remo	ove the property from the state	e following its use or ex	chibition here;		
	subject to taxation in some o ountry have been paid.	other state or a foreign	Country while in this state, and Whom should we contact de business hours for additional	uring normal	
FOR AS	SESSOR'S USE ONLY	NAME			
		ADDRESS (ST	REET, CITY, STATE, ZIP CODE)		
Received by			, , , , , , ,		
	(Assessor's designee)				
of	(county or city)	DAYTIME PHO	DNE NUMBER		
on		( )			
	(date)	E-MAIL ADDRI	ESS		
		CERTIFICATION			
Loortify (or doolors)	der penelty of perium, weder t	he lowe of the State of	California that the foregoing on	d all information haras	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and 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

