EF-270-AH-R05-0810-50000219-1 BOE-270-AH REV. 05 (08-10)

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.



Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

DATE

FROM PROPERTY TAXES To receive the full exemption, a claimant

NAME OF EXHIBITOR				
ADDRESS (STREET, CITY, STATE,	, ZIP CODE)			
ADDRESS OF EXHIBITION (STRE	ET, BOOTH, ETC.; BE SPECIFIC)			
				Λ
	LIST ALL PERSONAL P	ROPERTY FOR WHICH EX	EMPTION IS CLAIMED	
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.				
2.				
3.				- /
4.		VII		
5.				
I hereby state that:				
	is brought into this state excluserary, scientific, educational, religion			
	move the property from the state	following its use or exhib	pition here;	
	is subject to taxation in some of country have been paid.			
			Whom should we contact du usiness hours for additional	
FOR A	ASSESSOR'S USE ONLY	NAME		
		ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	
Received by				
of.	(Assessor's designee)			
of	(county or city)	DAYTIME PHONE	NUMBER	
on		()		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

CERTIFICATION

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.

TITLE

E-MAIL ADDRESS



SIGNATURE OF PERSON MAKING CLAIM