## 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

NAME (	OF EXHIBITOR						
ADDRE	SS (STREET, CITY, STATE, ZIP	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 T	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.							
2.							
3.		<b>NA</b>				-	
4.							
5.							
	<ul><li>exhibit of literary state;</li><li>(b) I intend to remo</li><li>(c) The property is</li></ul>	brought into this state exclu y, scientific, educational, religive ve the property from the state subject to taxation in some op puntry have been paid.	ious, or artis e following i	stic works in thi its use or exhib	is state and is used only for bition here;	these purposes while in this	
		Junity have been paid.			Whom should we contact d usiness hou <mark>r</mark> s for additiona		
	FOR ASS	SESSOR'S USE ONLY		NAME			
Rec	eived by			ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)		
of		(Assessor's designee)					
on	(county or city)			DAYTIME PHONE NUMBER			
	(date)			E-MAIL ADDRESS			
L			CERTI	FICATION			
Ιc	ertify (or declare) und	der penalty of perjury under th	he laws of t	he State of Cal	lifornia that the foregoing an	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
		I

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

