EF-270-AH-R05-0810-50000080-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

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

THOM THOT ENTIT TAXLO
To receive the full exemption, a claiman
must complete and file this form with th

NAME OF EXHIBITOR						
ADDDESS (STREET CITY STATE 715	20005					
ADDRESS (STREET, CITY, STATE, ZIP	CODE)					
ADDRESS OF EXHIBITION (STREET, I	BOOTH, ETC.; BE SPECIFIC)					
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED						
EIGHALL EIGHALT NOI EATH ON WHICH EXCHINED						
DESCRIPTION	DATE ENTERED CALIFORNIA	DATE I	AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID	
1.						
2.						
3.						
4.		V				
5.						
I hereby state that:						
•	brought into this state evolu	isively for n	urnoses of us	or exhibition at an expos	cition fair carnival or public	
(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;						
(b) I intend to remove the property from the state following its use or exhibition here;						
(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 the						
other state or country have been paid.						
Whom should up a start during named						
Whom should we contact during normal business hours for additional information?						
FOR ASS	SESSOR'S USE ONLY		NAME			
			ADDRESS (STREET, CITY, STATE, ZIP CODE)			
Received by	(Assessor's designee)					
	(Assessor's designee)					
Of(county or city)			DAYTIME PHONE NUMBER			
on			()			
(date)			E-MAIL ADDRESS			
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.						
SIGNATURE OF PERSON MAKING CL			TITLE	. complete to the best of my	DATE	

