NAME OF EXHIBITOR

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.



Shanna White County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

ADDRESS (STREET, CITY, STATE, ZIP 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.		
3.		
4.		
5.		
I hereby state that:		
	purposes of use or exhibition at an exposition, fair, carnival, or public tistic works in this state and is used only for these purposes while in this	
(b) I intend to remove the property from the state following	g its use or exhibition here;	
(c) The property is subject to taxation in some other state other state or country have been paid.	or a foreign country while in this state, and all current taxes due in the Whom should we contact during normal business hours for additional information?	
FOR ASSESSOR'S USE ONLY	NAME	
	ADDRESS (STREET, CITY, STATE, ZIP CODE)	
Received by		
(Assessor's designee) Of		
(county or city)	DAYTIME PHONE NUMBER	
ON(date)	E-MAIL ADDRESS	
CERTIFICATION		
	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

