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

NAME (OF EXHIBITOR							
ADDRE	SS (STREET, CITY, STATE, ZI	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	TAXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID		
1.								
2.								
3.			\mathbf{N}			-		
4.						-		
5.								
l here		s brought into this state excl y, <mark>sci</mark> entific, educational, relig						
	. ,	ove the property from the sta	•					
	(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 tother state or country have been paid. Whom should we contact during normal business hours for additional information?							
	FOR AS	SESSOR'S USE ONLY		NAME	_			
Ree	aived by			ADDRESS (STREE	T, CITY, STATE, ZIP CODE)			
Rec	eived by	(Assessor's designee)						
of		(county or city)			NUMBER			
on	(date)			E-MAIL ADDRESS				
			CERT	FICATION				
l c	ertify (or declare) und	der penalty of perjury under	the laws of t	he State of Cal	ifornia that the foregoing ar	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				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION