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				
ADDRESS (STREET, CITY, STATE,	ZIP CODE)			
ADDRESS OF EXHIBITION (STREE	ET, BOOTH, ETC.; BE SPECIFIC)			Λ
	LIST ALL PERSONAL	PROPERTY 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.				
5.				
exhibit of litera state;	is brought into this state exclu ary, scientific, educational, relig nove the property from the sta	gious, or artistic works in th	is state and is used only for t	
(c) The property	is subject to taxation in some country have been paid.	other state or a foreign co		uring normal
FOR A	SSESSOR'S USE ONLY	NAME		
Received by	(Assessor's designee)	ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	
of				
on		()	DAYTIME PHONE NUMBER	
(date)		E-MAIL ADDRESS		
		CERTIFICATION		
l certify (or declare) u	nder penalty of perjury under	the laws of the State of Ca	lifornia that the foregoing an	d 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

