EF-270-AH-R05-0810-55000215-1 BOE-270-AH REV. 05 (08-10)

EXHIBITION EXEMPTION CLAIM FROM PROPERTY TAXES

2 South Green Street, Third Floor Sonora, CA 95370

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Kaenan Whitman

Email: assessor@tuolumnecounty.ca.gov

Tuolumne County Assessor - Recorder

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| NAME OF EXHIBITOR | | | | | |
|--|---|------------------------------|---|--|--------------------------------|
| ADDRESS (STREET, CITY, STATE, ZIF | P CODE) | | | | |
| ADDRESS OF EXHIBITION (STREET, | BOOTH, ETC.; BE SPECIFIC) | | | | |
| | T | | | | $\overline{\Lambda}$ |
| LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED | | | | | |
| DESCRIPTION | DATE ENTERED CALIFORNIA | DATE 1 | AXES PAID | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | _ |
| 4. | | | | | |
| 5. | | | | | |
| I hereby state that: | | | | | |
| exhibit of literary state; (b) I intend to remo | brought into this state excluy, scientific, educational, religive the property from the state | ious, or arti e following | stic works in thi | s state and is used only for oition here; | these purposes while in this |
| (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 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 | | | | | |
| 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 CLAIM | | | TITLE | | DATE |
| | | | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION