SIGNATURE OF PERSON MAKING CLAIM

## 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.

NAME OF EXHIBITOR					
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
ADDRESS OF EXHIBITION (STREET,	BOOTH, ETC.; BE SPECIFIC)				
LIST ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED					
DESCRIPTION	DESCRIPTION DATE ENTERED CALIFORNIA		AXES PAID	AMOUNT OF TAXES PAID	STATE OR COUNTRY IN WHICH PAID
1.					
2.					
3.					
4.					
5.					
I hereby state that:					
	brought into this state excluy, scientific, educational, relig				
(b) I intend to remove the property from the state following its use or exhibition here;					
	subject to taxation in some ountry have been paid.	other state o	or a foreign cou	untry 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		
Descined by			ADDRESS (STREE	ET, CITY, STATE, ZIP CODE)	
Received by					
Of(county or city)		DAYTIME PHONE	NUMBER		
on		E-MAIL ADDRESS			
CERTIFICATION					

DATE

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.