BOE-270-AH REV. 05 (08-10)

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.

DENNIS DRAEGER
ASSESSOR-RECORDER-COUNTY CLERK
COUNTY OF SAN BERNARDINO
ASSESSOR'S OFFICE
172 West Third Street
San Bernardino, CA 92415-0310
www.sbcounty.gov/assessor
(909) 387-8307 - 1-877-885-7654

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	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:

(a) The property is brought into this state exclusively for purposes of use or exhibition at an exposition, fair, carnival, or public exhibit of literary, scientific, educational, religious, or artistic works in this state and is used only for these purposes while in this state;

(b) I intend to remove the property from the state following its use or exhibition here;

(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?

NAME

ADDRESS *(STREET, CITY, STATE, ZIP CODE)*

DAYTIME PHONE NUMBER

( )

E-MAIL ADDRESS

FOR ASSESSOR'S USE ONLY

Received by _____
(Assessor's designee)

of _____
(county or city)

on _____
(date)

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