EF-268-B-R11-0522-04000055-1 BOE-268-B (P1) REV. 11 (05-22) FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY	Alyssa Douglass Butte County Assessor 25 County Center Dr Suite 100 Droville, CA 95965-3382 530)552-3800 Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor		
	imant must complete and file this form the Assessor by February 15.		
∟ If you no longer seek an exemption at this location, check here   ☐ Sign and return this form to the	e Assessor. Date vacated:		
NAME OF PERSON MAKING CLAIM	TITLE		
NAME AND ADDRESS OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTION			
MAILING ADDRESS OF INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CODE	LEASE TERMINATION DATE		
DAYS OF THE WEEK OPEN TO THE PUBLIC AND HOURS OF OPERATION			
<ul> <li>Check the type of qualifying exclusive use of the property. If filing for the first time, attach a call</li> <li>LIBRARY</li> <li>MUSEUM</li> <li>Yes</li> <li>No Is admittance to the library or museum free? If no, please explain:</li> <li>*Yes</li> <li>No If a library, is there a user charge for the use of books, periodicals, or facilities</li> <li>*Yes</li> <li>No If a museum, is there a charge for viewing the museum contents?</li> <li>*If yes, and a BOE-267, Claim for Welfare Exemption, has not been filed for Office immediately. The deadline for timely filing a Claim for Welfare Exemption may be allowed if both the organ the requirements for the exemption.</li> <li>Yes</li> <li>No Is the property, or a portion thereof, for which the exemption is claimed a books income as defined in section 512 of the Internal Revenue Code?</li> </ul>	s? or the property, please contact the Assessor's ion is February 15 each year. Where there is a nization and the use of the property meet all of		
<ul> <li>If yes, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.</li> <li>5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:</li> </ul>			
5. See See See See See See See See See Se	מ שטטהסנטרב: זו אַכּס, אובמסב באאומווו.		
6. Yes No Is any equipment or other property at this location being leased or rented from If yes, list in the remarks section the name and address of the owner and the property. "Exclusive use" is not required for this exemption, the lessee's p The benefit of a property tax exemption must inure to the lessee institution; t	e type, make, model, and serial number of ossession is sufficient evidence of use. he lessee may be entitled to claim a refund		
of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code. THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION			

BOE-268-B (P2) REV. 11 (05-22)

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use:
	Incidental use:
Area: (Acres or square feet)	
Buildings and Improvements	Primary use:
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction	
	Incidental use:
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)	Primary use: Incidental use:

REMARKS

## Whom should we contact during normal business hours for additional information?

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
( )		
	CERTIFICATION	N
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.		
NAME OF PERSON MAKING CLAIM		TITLE
SIGNATURE OF PERSON MAKING CLAIM		DATE
	N	