EF-263-B-R04-0522-16000075-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



Kristine Lee **Kings County Assessor** 1400 W. Lacey Blvd.

Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

To receive the full exemption, this claim must be filed with the Assessor by February 15. L If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated:_ IDENTIFICATION OF APPLICANT

| IDENTIFICATION OF APPLICANT | | |
|---|---|-----------------------------|
| LESSEE'S CORPORATE OR ORGANIZATION NAME | | |
| MAILING ADDRESS | | |
| CITY, STATE, ZIP CODE | | |
| CORPORATE ID (IF ANY) | | |
| IDENTIFICATION OF PROPERTY | | |
| ADDRESS OF PROPERTY (NUMBER AND STREET) | | |
| CITY, COUNTY, ZIP CODE | | ASSESSOR'S PARCEL NUMBER |
| USE OF PROPERTY Check and state the | primary and incidental qualifying uses of the prope | erty. |
| The exemption claim is made for the following p | roperty: (if there are numerous properties, please property and the name and address of the | |
| PROPERTY TYPE | PRIMARY USE | INCIDENTAL USE |
| Land | | |
| ☐ Buildings and Improvements | | |
| Personal Property | | |
| Yes No Does the lease/agreement con | fer upon the lessee the exclusive right to possession | on and use of the property? |
| | rator of real or personal property owned by a public California that is used exclusively for community of es? | |
| ☐ Yes ☐ No Does the claimant own persona | al property used at this property for public school p | urposes? |
| Note: If requested by the assessor, the claiman | t shall provide a copy of the lease or agreement. | |
| | CERTIFICATION | |
| | der the laws of the State of California that the foregon or documents, is true and correct to the best of m | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE |
| NAME OF PERSON MAKING CLAIM | | TITLE |
| E-MAIL ADDRESS | | DAYTIME TELEPHONE () |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

