EF-263-B-R04-0522-17000072-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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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 $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

To receive the full exemption, this claim must be filed with the Assessor by February 15

L	be til	led with the Assessor by February 15.
If you no longer seek an exemption at this locati	on, check here 🦳 Sign and return this form to the	e Assessor. Date vacated:
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 prop	erty.
The exemption claim is made for the following p	property: (if there are numerous properties, pleas property and the name and address of t	
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 possess	ion and use of the property?
	rator of real or personal property owned by a publ f California that is used exclusively for community es?	
Yes No Does the claimant own persona	al property used at this property for public school p	ourposes?
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 fore s or documents, is true and correct to the best of n	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
S. T EROOT IN WAITO SEATO		1111
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

