EF-264-AH-R13-0522-21000100-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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		300	
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	REC	Opposed	COUL
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SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.org

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8	COUNTY OF I	MARIN	· A
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This claim must be filed by 5:00 p.m., Feb	ruary 15.					
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY					
(Make necessary corrections to the printed name	and mailing address)	Received by _	(100000	or's designee)		
			(Assesso	or s designee)		
		of	(cour	nty or city)		
		on				
L	_	J.:		(date)		
If you no longer seek an exemption at this loo	cation, check here Sign and retu	urn this form to the	e Assessor. Dat	te vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
				()		
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI	RIPTION		DATE PROPERT	TY WAS FIRST USE	D BY CLAIMAN	
THE PLANT OF THE P		SALETTION EACH WASTIMET GOES STOL				
Owner and operator: (check applicable bo	xes)					
	Owner only Derator onl	y				
and claims exemption on all	☐ Buildings and improvements	and/or	Personal prope	rty		
Does the above institution qualify as a coll YES NO	lege or seminary of learning under t	he laws of the Sta	ate of California?	?		
3. Is the institution conducted as a non-profit	entity?					
YES NO						
Does the institution require for regular adr YES NO	nission the completion of a four-yea	r high school cour	rse or its equiva	lent?		
5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture. YES NO	ree years in professional studies, su	ich as law, theolog				
6. Is the property for which the exemption is	claimed used exclusively for the po	urposes of educat	ion?			
YES NO						
7. List all buildings and other improvements to sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE			
				LEASE	\square OWN	
				LEASE	\square OWN	
				LEASE	\square OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	□ OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM