EF-264-AH-R13-0522-23000073-1

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.")



## **Katrina Bartolomie MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	e and mailing address)	Received by _			
'	'	Treceived by	(Assess	or's designee)	
		of	(00)	nty or city)	
			(COU	nty or city)	
L	٦	on			
f you no longer seek an exemption at this lo	cation, check here   Sign and retu	rn this form to the	e Assessor. Da	te vacated:	
JAME OF CLAIMANT					
NAME OF CLAIMANT					
FITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CODDODATE NAME OF THE COLLEGE				( )	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI	RIPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN
Owner and operator: (check applicable bo	exes)				
	Owner only Operator only	/			
and claims exemption on all	☐ Buildings and improvements	and/or	Personal prope	erty	
2. Does the above institution qualify as a col	lege or seminary of learning under th	ne laws of the Sta	te of California	?	
YES NO					
3. Is the institution conducted as a non-profit	entity?				
YES NO					
4. Does the institution require for regular adr	nission the completion of a four-year	high school cour	se or its equiva	lent?	
YES NO					
5. Does the institution confer upon its graduat	tes at least one academic or profession	onal degree, base	d on a course o	f at least two year	rs in liberal arts
and sciences, or on a course of at least th			yy, education, n	nedicine, dentistr	y, engineering
veterinary medicine, pharmacy, architectu  YES NO	re, line ans, commerce, or journalist	11?			
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of educati	ion?		
YES NO					
<ol><li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li></ol>					
				T S Parcer Num	ber.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	
				LEASE	
				□LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM