EF-264-AH-R13-0522-30000195-1 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.")

This claim	must be	filed by	5:00	p.m.,	February	15
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Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779

This	s claim must be filed by 5:00 p.m., Fel	bruary 15	W	ww.ocassessor.gov		
11115	CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSESSOR'S USE ONLY			
	(Make necessary corrections to the printed nam	e and mailing address)	Received by _			
			110001100 27	(Assessor's	designee)	
			of	(county o	or city)	
				(*****)	· · · · · · ·	
	L	_	on	(da:	te)	
If yo	u no longer seek an exemption at this lo	ocation, check here Sign and retu	urn this form to the	e Assessor. Date v	vacated:	
NAM	E OF CLAIMANT					
TITLI	E OF CLAIMANT			DA (YTIME TELEPHONE NUMBER	
COR	PORATE NAME OF THE COLLEGE					
ADD	RESS (Street, City, County, State, Zip Code)					
ASS	ESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY V	WAS FIRST USED BY CLAIMAN	
	wner and operator: (check applicable bo	oxes) Owner only Operator onl	у			
a	nd claims exemption on all	☐ Buildings and improvements	and/or \square	Personal property		
2. D	oes the above institution qualify as a co YES NO	llege or seminary of learning under t	he laws of the Sta	te of California?		
3. Is	the institution conducted as a non-profi	t entity?				
4. D	oes the institution require for regular ad	mission the completion of a four-yea	r high school cour	se or its equivaler	nt?	
ar	oes the institution confer upon its graduand sciences, or on a course of at least the terinary medicine, pharmacy, architectures 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					
	st all buildings and other improvements neet if necessary. Indicate whether lease					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		

sheet if necessary. Indicate whether leased	or owned. Please use a separ a	ate claim form for each Assesso	r's Parcel Num	ber.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			□LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM