EF-264-AH-R13-0522-31000057-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

2980 Richardson Drive Auburn, CA 95603-2640

Phone: (530) 889-4300 Email: assessor@placer.ca.gov

Matthew R. Maynard

Placer County Assessor

Website: www.placer.ca.gov/assessor

| COLLEGE EXEMIN TION OF AND | | |
|---|---------|------|
| 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. |
|---|
| CLAIMANT NAME AND MAILING ADDRESS |

| Thi | s claim must be filed by 5:00 p.m., Feb | ruary 15. | | | | | |
|------|---|---|---------------------|---------------------|-----------------------|---------------|--|
| | CLAIMANT NAME AND MAILING ADDRESS | and mailing addraga | FC | OR ASSESSOR'S | R ASSESSOR'S USE ONLY | | |
| | (Make necessary corrections to the printed name | and maining address) | Received by _ | | | | |
| | | | | (Assessor's o | designee) | | |
| | | | of | (county o | ur citu) | | |
| | | | | (county o | i City) | | |
| | L | ٦ | on | (dat | e) | | |
| If y | ou no longer seek an exemption at this loo | cation, check here 🗌 Sign and retu | rn this form to the | Assessor. Date v | /acated: | | |
| NAM | ME OF CLAIMANT | | | | | | |
| TITI | E OF CLAIMANT | | | DA | YTIME TELEPHO | ONE NUMBER | |
| COI | RPORATE NAME OF THE COLLEGE | | | | / | | |
| ADI | DRESS (Street, City, County, State, Zip Code) | | | | | | |
| ASS | SESSOR'S PARCEL NUMBER OR LEGAL DESCR | RIPTION | | DATE PROPERTY V | VAS FIRST USEI | D BY CLAIMANT | |
| (| Owner and operator: (check applicable book claimant is: | xes) ☐ Owner only ☐ Operator only ☐ Buildings and improvements | | Personal property | | | |
| 2. [| Does the above institution qualify as a coll YES NO | lege or seminary of learning under th | ne laws of the Sta | te of California? | | | |
| 3. I | s the institution conducted as a non-profit YES NO | entity? | | | | | |
| 4. [| Does the institution require for regular adn | nission the completion of a four-year | high school cours | se or its equivalen | t? | | |
| a | Does the institution confer upon its graduate and sciences, or on a course of at least the eterinary medicine, pharmacy, architectured YES NO | ree years in professional studies, su | ch as law, theolog | | | | |
| 6. I | s the property for which the exemption is | claimed used exclusively for the pu | rposes of educati | on? | | | |
| | YES NO | | | | | | |
| | ist all buildings and other improvements fineet if necessary. Indicate whether lease | | | | | | |
| ſ | BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDEN | TAL USE | | | |
| } | 5 | | | | LEASE | □OWN | |
| | | | | | | | |

BUILDING & IMPROVEMENTS PRIMARY USE LEASE LEASE OWN LEASE LEASE LEASE OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM