EF-264-AH-R13-0522-32000072-1 BOE-264-AH (P1) REV. 13 (05-22)

Plumas County Assessor 1 Crescent Street Quincy, CA 95971

Cynthia L. Froggatt

Phone: 530-283-6380 Fax: (530) 283-6195

 ${\bf Cindie Froggatt@county of plumas.com}$

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COLLEGE EXEMPTION CLAIM
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely 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 (Make necessary corrections to the printed name and mailing address)			E	FOR ASSESSOR'S USE ONLY			
Ė		٦	Received by	(Assessor	s designee)		
			of	(county	or city)		
L		on	(6	late)			
_							
If you no longe	er seek an exemption at this lo	ocation, check here Sign and ret	urn this form to the	e Assessor. Date	vacated:		
NAME OF CLAIM	MANT						
TITLE OF CLAIM	1ANT	DAYTIME TELEPHONE NUMBER					
CORPORATE NA	AME OF THE COLLEGE						
ADDRESS (Street	et, City, County, State, Zip Code)						
ASSESSOR'S P	ARCEL NUMBER OR LEGAL DESC		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
2. Does the all YES 3. Is the institute YES 4. Does the insum YES 5. Does the insum Ascience veterinary in YES 6. Is the proper YES 7. List all build sheet if necessions.	exemption on all Land bove institution qualify as a co NO Intion conducted as a non-profit NO stitution require for regular ad NO stitution confer upon its gradual as, or on a course of at least the nedicine, pharmacy, architectured NO entry for which the exemption is NO lings and other improvements	llege or seminary of learning under t	and/or and/or he laws of the Start r high school count onal degree, base ich as law, theolog m? urposes of educat state the primary e claim form for	rse or its equivalent of a gy, education, me	ent? at least two year dicine, dentistry e of each. Attac	y, engineering, ch a separate	
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM