EF-264-AH-R13-0522-33000219-1 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.")



Peter Aldana **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890 www.riversideacr.com

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)		FOR ASSESSOR'S USE ONLY Received by				
						1
		of	/			
			(cou	nty or city)		
L	ل	on		(date)		
If you no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the	Assessor Da	te vacated:		
in you no longer seek an exemption at the le	odion, shook horo 🗀 Sigir and retu		770303301. Da	ie vacaieu		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE				()		
oord order to the occupation						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC		DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT		
1. Owner and operator: (check applicable bo	exes)					
Claimant is:	☐ Owner only ☐ Operator only	′				
and claims exemption on all	☐ Buildings and improvements	and/or \square	Personal prope	erty		
 Does the above institution qualify as a col YES NO 	lege or seminary of learning under th	ne laws of the Sta	te of California	?		
3. Is the institution conducted as a non-profit	entity?					
YES NO						
4. Does the institution require for regular adr	mission the completion of a four-year	high school cour	se or its equiva	alent?		
YES NO						
5. Does the institution confer upon its graduat						
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu			gy, education, n	nedicine, dentistr	y, engineering,	
YES NO	re, file dite, commerce, or journalist					
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educati	ion?			
YES NO		. poods o. oddod.				
	for which exemption is elaimed and s	state the primary	and incidental .	use of each Attac	ah a aanarata	
List all buildings and other improvements sheet if necessary. Indicate whether lease	ed or owned. Please use a separate	e claim form for	each Assesso	or's Parcel Numl	ber.	
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	\square OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM