EF-263-B-R04-0522-34000167-1 BOE-263-B (P1) REV. 04 (05-22)

## LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20\_\_\_



PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

> NAME AND MAILING ADDRESS  $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

## **CHRISTINA WYNN** SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

To receive the full exemption, this claim must be filed with the Assessor by February 15

L		d with the Assessor by February 13.
If you no longer seek an exemption at this locati	on, check here $\  \  \  \  \  \  \  \  \  \  \  \  \ $	Assessor. Date vacated:
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
SITI, SIMIL, ZII GODL		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
ITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
	primary and incidental qualifying uses of the proper roperty: (if there are numerous properties, please a property and the name and address of the	attach a list that clearly identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
☐ Personal Property		
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to possession	n and use of the property?
	rator of real or personal property owned by a public of California that is used exclusively for community coes?	
Yes No Does the claimant own persona	al property used at this property for public school pu	rposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the forego s or documents, is true and correct to the best of my	
SIGNATURE OF PERSON MAKING CLAIM	· · · · · · · · · · · · · · · · · · ·	DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

