EF-264-AH-R13-0522-40000061-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 20

Triis ciairri is filed for fiscar year	20	20	
(Example: a person filing a timely	claim in	January 2	01
would enter "2011-2012.")			

This claim must be filed by 5:00 p.m., February 15.



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

(Make necessary corrections to the printed name and mailing address) Received by	
The ceived by	(Assessor's designee)
of	
	(county or city)
on	(date)
	(date)
f you no longer seek an exemption at this location, check here \Box Sign and return this form to the Assessi	sor. Date vacated:
NAME OF CLAIMANT	
TITLE OF OLAMANT	DAYTIME TELEDIJONE NUMBED
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	/ /
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PR	ROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and energiator: (check annihophia haves)	
Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only □ Operator only	
and claims exemption on all	l property
 Does the above institution qualify as a college or seminary of learning under the laws of the State of Cal YES NO 	lifornia?
3. Is the institution conducted as a non-profit entity?	
YES NO	
4. Does the institution require for regular admission the completion of a four-year high school course or its	equivalent?
YES NO	
5. Does the institution confer upon its graduates at least one academic or professional degree, based on a co	ourse of at least two years in liberal arts
and sciences, or on a course of at least three years in professional studies, such as law, theology, educa	ation, medicine, dentistry, engineering
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
YES NO	
6. Is the property for which the exemption is claimed used exclusively for the purposes of education?	
YES NO	
7. List all buildings and other improvements for which exemption is claimed and state the primary and incid	Vental use of each. Attach a separate
sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each As	
BUILDING & IMPROVEMENTS PRIMARY USE INCIDENTAL USE	E
	☐ LEASE ☐ OWN
	☐ LEASE ☐ OWN
	□ LEASE □ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



-264-AH-R13-0522-40000061-2 BOE-264-AH (P2) REV. 13 (05-22)			
	and/or been completed on this parcel sin ease explain:	ce 12:01 a.m., January 1 of la	ast year?
as defined in section 512 of the Into YES NO If YES , a copy of the institution's	f, for which an exemption is claimed a stuernal Revenue Code? most recent tax return filed with the Interaction of the unrelated business taxable incomes.	rnal Revenue Service must ac	ccompany this claim. Property taxes
	ove been used for business purposes oth ease explain:	er than a student bookstore?	
11. If any business is operated by sor	meone other than the college, attach a co	ppy of the lease or other agree	ement. Please explain:
YES NO If YES , list on a separate sheet	the name and address of the owner and sively for educational purposes at the oddress of the owner.	I the type, make, model, and	
	mption must inure to the lessee institution	. If taxes paid by the lessor, s	ee section 202.2 of the Revenue and
	ADDITIONAL REQUIRED DO	OCUMENTATION	
 Attach a separate page substituted. 	showing the requirements for admission	n. A current catalog showing	the requirements may be
 Attach a separate page, of degree. 	or current catalog, listing the degrees con	ferred upon the graduates and	d the requirements for each
 Attach a copy of the finar 	ncial statements (balance sheet and oper	ating statement for the preced	ling fiscal year.)
Whom shot	uld we contact during normal busine	ess hours for additional in	formation?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
()	CERTIFICATI	ON	
	perjury under the laws of the State of Caments or documents, is true, correct, and		
SIGNATURE OF PERSON MAKING CLAIM	, ,	тіті	
NAME OF PERSON MAKING CLAIM		DAT	E

DATE

