EF-264-AH-R13-0522-50000152-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Don H. Gaekle **Stanislaus County Assessor**

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

LEASE

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., Feb	ruary 15.					
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY				
(Make necessary corrections to the printed name	and mailing address)	Received by				
			(Assess	or's designee)		
		of(county or city)				
_ on			(date)			
If you no longer seek an exemption at this loc	cation, check here 🔝 Sign and retu	irn this form to the	e Assessor. Da	ite vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE				()		
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
Claimant is:	entity? nission the completion of a four-yea es at least one academic or professi ree years in professional studies, su re, fine arts, commerce, or journalist claimed used exclusively for the put for which exemption is claimed and	and/or ne laws of the Sta r high school cour onal degree, base ch as law, theolog n? urposes of educati	se or its equival d on a course of the c	? alent? of at least two year nedicine, dentistry	y, engineering, ch a separate	
BUILDING & IMPROVEMENTS	d or owned. Please use a separat		TAL USE	or s Parcei Numi	ber.	
DOILDING & IMPROVEMENTS	FINIMANT USE	INCIDEN	IAL USE	LEASE	□ OWN	
				LEASE		
				LEASE		
				LEASE		



DATE



NAME OF PERSON MAKING CLAIM