EF-268-B-R11-0522-03000202-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

This claim is filed for	r fiscal year 20_	20	
(Example: a person filing	g a timely claim in J	lanuary 2011	would enter
"2011-2012.")	-	-	
	MAILING ADDRESS		

A claimant must complete and file this form with the Assessor by February 15.

		, ,			
1					
If you no longer see	\dashv ek an exemption at this location, check here $\ \ \ \ $ Sign and return this form to the	ne Assessor. Date vacated:			
	, <u> </u>				
NAME OF PERSON M	AKING CLAIM	TITLE			
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)				
NAME OF INSTITUTION	DN				
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER			
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE			
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION				
✓ Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a	copy of the lease or agreement.			
LIBRARY	MUSEUM				
1. Yes No	Is admittance to the library or museum free? If no, please explain:				
2.	If a library, is there a user charge for the use of books, periodicals, or facilities	es?			
3. The second se	If a museum, is there a charge for viewing the museum contents?				
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed Office immediately. The deadline for timely filing a Claim for Welfare Exemption user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the orgathe requirements for the exemption.	tion is February 15 each year. Where there is a			
4. Yes No	. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxal income as defined in section 512 of the Internal Revenue Code?				
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this cla Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's graincome will be levied.				
5. Yes No	Is any of the owned property used for sales or business purposes other than	a bookstore? If yes, please explain:			
6 □ Vaa □ Na	Is any equipment or other property at this leastion being leased as sected from	n company also?			
6. Yes No Is any equipment or other property at this location being leased or rented from someone else? If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of					
	the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.				
The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



BOE-268-B (P2) REV. 11 (05-22)

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.					
	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED				

PROPERTY DESCRIPTION		STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED	
☐ Land: (Legal description or map book, page and parcel number from most recent tax statement)		Primary use: Incidental use:	
Area: (Acres or square feet)			
Buildings and Improvements		Primary use:	
Bldg. No. No. of or Name Floors	No. of Type of Construction		
		Incidental use:	
70		Drimon, user	
Personal Property: Describe applicable. (Attach a separate s	 include cost and acquisition dates if sheet if necessary.) 	Primary use:	
		Incidental use:	
Whom	should we contact during normal	business hours for additional inf	ormation? ☐ TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
()			
I certify (or declare) under pen including any accompa	CERTI alty of perjury under the laws of the St nying statements or documents, is tru	IFICATION tate of California that the foregoing and e, correct, and complete to the best of	d all information contained herein fmy knowledge and belief.
NAME OF PERSON MAKING CLAIM			TITLE
SIGNATURE OF PERSON MAKING CLAIM			DATE