EF-264-AH-R13-0522-04000243-1 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.")



Alyssa Douglass Butte County Assessor

25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)552-3800

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

FOR ASSESSOR'S USE ONLY

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)		Received by				
		of	(county c	,		
			(county c	n Gity)		
L	٦	on	(dat	e)		
If you no longer seek an exemption at this lo	cation, check here $\ igsqcup$ Sign and retu	ırn this form to the	e Assessor. Date v	/acated:		
NAME OF CLAIMANT						
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 PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable book Claimant is: Owner and operator and claims exemption on all Land 2. Does the above institution qualify as a col YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its gradual and sciences, or on a course of at least the veterinary medicine, pharmacy, architectu YES NO 6. Is the property for which the exemption is	Owner only Operator onl Buildings and improvements lege or seminary of learning under the entity? The entity? The entity of the entity of a four-year of the entity of a four-year of the entity of	and/or and/or he laws of the Star r high school cour onal degree, base ch as law, theolog n?	se or its equivalen d on a course of at gy, education, med	least two year		
6. Is the property for which the exemption is YES NO	claimed used exclusively for the pu	urposes of educat	ion?			
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	\square OWN	
				LEASE	\square OWN	
				LEASE	\square OWN	
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				LEASE	\square OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM