EF-263-B-R03-0519-05000333-1

BOE-263-B (P1) REV. 03 (05-19)

## LESSEES' EXEMPTION CLAIM

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



Larie Durham
Calaveras County Assessor

891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us

## 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 (Make necessary corrections to the printed name and mailing address)

| I   |  | receive the full exemption, this claim must<br>filed with the Assessor by February 15. |
|---|--|--|
| IDENTIFICATION OF APPLICANT   | _ 55   | med mar are recover by residually re-  |
| LESSEE'S CORPORATE OR ORGANIZATION NAME   |  |  |
| MAILING ADDRESS   |  |  |
| CITY, STATE, ZIP CODE   |  |  |
| CORPORATE ID (IF ANY)   |  |  |
| IDENTIFICATION OF PROPERTY  |  |  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)   |  |  |
| CITY, COUNTY, ZIP CODE  |  | ASSESSOR'S PARCEL NUMBER   |
| USE OF PROPERTY Check and state the The exemption claim is made for the following p | primary and incidental qualifying uses of the pro<br>roperty: (if there are numerous properties, plea<br>property and the name and address o | ase 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 posses  | ssion and use of the property?   |
|   | rator of real or personal property owned by a pu<br>f California that is used exclusively for communites?                                    |  |
| Yes No Does the claimant own persona  | al property used at this property for public schoo   | I purposes?  |
| Note: If requested by the assessor, the claiman                                     | t shall provide a copy of the lease or agreement   |  |
|   | CERTIFICATION  |  |
| I certify (or declare) under penalty of perjury und<br>accompanying statements      | der the laws of the State of California that the for<br>s or documents, is true and correct to the best or                                   |  |
| SIGNATURE OF PERSON MAKING CLAIM  |  | DATE   |
| NAME OF PERSON MAKING CLAIM   |  | TITLE  |
| E-MAIL ADDRESS  |  | DAYTIME TELEPHONE  ( )   |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

