EF-264-AH-R12-0516-07000364-1 BOE-264-AH (P1) REV. 12 (05-16)

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.")



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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)						
Γ	-	٦ [FOR ASSESSOR'S USE ONLY				
			Received by				
				(Assess	or's designee)		
			of	(cou	nty or city)		
L	-	ل	on				
					(date)		
NAME OF CLAIMANT							
TITLE OF CLAIMANT					DAYTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE					,		
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PR					PERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable book Claimant is:	□ Owner only □ Operator o □ Buildings and improvements lege or seminary of learning under entity? nission the completion of a four-yea es at least one academic or profes ree years in professional studies, so re, fine arts, commerce, or journalic claimed used exclusively for the for which exemption is claimed and	sior sior such ism'	e laws of the Stanigh school counting degree, basen as law, theolog?	rse or its equival d on a course on gy, education, no ion?	? alent? f at least two year nedicine, dentistr	y, engineering ch a separate	
BUILDING & IMPROVEMENTS	PRIMARY USE	T		TAL USE			
		+			LEASE	□ OWN	
		+			LEASE	OWN	
					LEASE	OWN	
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					LEASE	□ OWN	
					LEASE	OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-07000364-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of YES NO If YES , please explain:	of last year?					
9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.						
10. Has any of the property listed above been used for business purposes other than a student bookstor YES NO If YES , please explain:	re?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	greement. Please explain:					
12. Is any equipment or other property being leased or rented from someone else? YES NO						
If YES , list on a separate sheet the name and address of the owner and the type, make, model, a property listed is not used exclusively for educational purposes at the collegiate level, please sta property, provide the name and address of the owner.						
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.						
ADDITIONAL REQUIRED DOCUMENTATION						
Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.						
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 						
Whom should we contact during normal business hours for additional						
NAME	TITLE					
DAYTIME TELEPHONE EMAIL ADDRESS						
CERTIFICATION						
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.						
SIGNATURE OF PERSON MAKING CLAIM	TITLE					
NAME OF PERSON MAKING CLAIM	DATE					

