EF-264-AH-R13-0522-10000340-1

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 t imely claim in J anuary 2011 would enter "2011-2012.")



## PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RECORDEF

LEASE

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 https://assessor.fresnocountyca.gov/

This claim must be filed by 5:00 p.m., Fel	oruary 15.	_				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY				
(make necessary corrections to the printed ham	e and maining address)	Received by _				
			(Assessoi	r's designee)		
		of	(coun	tv or citv)		
			(court	ty or ony)		
L	_	on		(date)		
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the	Assessor. Dat	e vacated:		
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 DESC		DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT		
Owner and operator: (check applicable bo	avae)		1			
	Owner only	1				
and claims exemption on all	☐ Buildings and improvements		Personal proper	tv		
, —	-			-		
Does the above institution qualify as a co     YES NO	liege or seminary of learning under the	ie iaws of the Sta	te of California?			
3. Is the institution conducted as a non-profi	t entity?					
YES NO						
4. Does the institution require for regular ad	mission the completion of a four-year	high school cour	se or its equival	ent?		
YES NO		g 0000. 000.	oo o. no oquira.			
<ol><li>Does the institution confer upon its gradua and sciences, or on a course of at least th</li></ol>						
veterinary medicine, pharmacy, architectu			,,,,,	,	,,g,,,	
YES NO						
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educat	ion?			
YES NO	,	•				
<ol><li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li></ol>						
•	•					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE	-		
				LEASE	OWN	
				LEASE		
				LEASE	$\square$ OWN	
				LEASE	OWN	
				LEASE	OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM