EF-268-B-R11-0522-11000121-1

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.

5 V P P P

Sendy Perez Assessor 516 W. Sycamore St., 2nd Floor

Willows CA 95988 Phone: (530) 934-6402 Fax: (530) 934-6571

This claim i	s filed for fiscal	year 20	- 20		
(Example: a p	erson filing a timely	claim in Janu	ary 2011	would e	nter
"2011-2012.")					
·	NAME AND MAILING AD	DRESS			
	(Make necessary correction	ons to the printed	name and i	mailing addi	ress)

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

L	لـ				
If you no longer see	ek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ne Assessor. Date vacated:			
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 C	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	ADDRESS OF PROPERTY (NUMBER AND STREET) ASSESSOR'S PARCEL NUM				
CITY, COUNTY, ZIP C	ODE	LEASE TERMINATION DATE			
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION				
Check the type	e of qualifying exclusive use of the property. If filing for the first time, attach a	copy of the lease or agreement.			
LIBRARY	MUSEUM				
	Is admittance to the library or museum free? If no, please explain:				
	If a library, is there a user charge for the use of books, periodicals, or facilities	es?			
3.	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 organic the 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 taxable 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 clain Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income 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. Yes No	Is any equipment or other property at this location being leased or rented from	m 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 refunc 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

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:		
	No. of Type of Rooms Construction			
		Incidental use:		
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)		Primary use:		
		Incidental use:		
REMARKS				
Whom s	hould we contact during normal	business hours for additional inf	formation?	
NAME			TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS		1	
I certify (or declare) under pena including any accompan		FICATION ate of California that the foregoing and correct, and complete to the best of	d all information contained herein, f my knowledge and belief.	
NAME OF PERSON MAKING CLAIM	. <u> </u>	,	TITLE	
SIGNATURE OF PERSON MAKING CLAIM			DATE	