EF-264-AH-R13-0522-14000110-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

OF COLUMN

Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

LEASE

County of Inyo

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.

| This claim must be med by 0.00 p.m., I estuary 10. | | FOR ASSESSOR'S USE ONLY | | |
|--|---|---|--|-----------------------|
| CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | | | | |
| Г | ٦ | Received by _ | (Assessor's designee) | |
| | | of | | |
| | | 0. | (county or city) | |
| L | ٦ | on | (date) | |
| If you no longer seek an exemption at this loo | cation, check here 🗌 Sign and retu | ırn this form to the | e Assessor. Date vacated; | |
| NAME OF CLAIMANT | | | | |
| TITLE OF CLAIMANT | | | DAYTIME TE | ELEPHONE NUMBER |
| CORPORATE NAME OF THE COLLEGE | | | | |
| ADDDECC (Chroat City County Clate 7in Code) | | | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR | | DATE PROPERTY WAS FIRST USED BY CLAIMANT | | |
| and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adm YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur YES NO 6. Is the property for which the exemption is only YES NO 7. List all buildings and other improvements for the second secon | Owner only Operator onl Buildings and improvements ege or seminary of learning under t entity? hission the completion of a four-yea es at least one academic or professione years in professional studies, sure, fine arts, commerce, or journalist claimed used exclusively for the put or which exemption is claimed and | and/or ne laws of the Sta r high school cour onal degree, base ch as law, theolog n? urposes of educati | se or its equivalent? d on a course of at least two y, education, medicine, de on? and incidental use of each | entistry, engineering |
| sheet if necessary. Indicate whether lease | • | | | Number. |
| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDEN | LEA | ASE □OWN |
| | | | | |
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| | | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM