EF-264-AH-R12-0516-15000748-1 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.")



## Laura Avila Kern County Assessor and Recorder

Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485

## 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)								
			┐	FOR ASSESSOR'S USE ONLY				
				Received by _				
					(Assessor	r's designee)		
				of	(coun	ty or city)		
L			_	on				
				•	(	(date)		
NAME OF CLAIMA	ANT							
TITLE OF CLAIMA	NT					DAYTIME TELEPHO	ONE NUMBER	
CORPORATE NAM	ME OF THE COLLEGE				I	,		
ADDRESS (Street.	, City, County, State, Zip C	ode)						
(0,	, 219, 221119, 211112, 214	,						
ASSESSOR'S PAF	RCEL NUMBER OR LEGA			DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT		
Claimant is: and claims e  2. Does the abo YES  3. Is the instituti YES  4. Does the insti YES  5. Does the insti and sciences veterinary me YES  6. Is the propert YES  7. List all buildir	xemption on all  ove institution qualify a  NO  ion conducted as a no  NO  titution require for regulation confer upon its a  or on a course of at a  edicine, pharmacy, are  NO  ty for which the exempt  NO  ngs and other improve	perator ☐ Owner only ☐ O  ☐ Land ☐ Buildings and improses a college or seminary of learn	ing under the a four-year or profession studies, such profession for the puralism	high school cour nal degree, base h as law, theolog? poses of educati	rse or its equivaled on a course of gy, education, motion?	ent? at least two year edicine, dentistry	y, engineering.	
	IG & IMPROVEMENT				TAL USE	s i aicei Nuiilbe	71.	
BOILDIN	O WILLIAM	FIXIMAN 1 USI	-	INCIDEN	IAL OOL	 □ LEASE	□ OWN	
						LEASE		
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-15000748-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced an YES NO If <b>YES</b> , plea		e 12:01 a.m., January 1	of last year?					
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 YES NO If <b>YES</b> , plea	···	than a student booksto	re?					
11. If any business is operated by some	one other than the college, attach a cop	y of the lease or other a	greement. Please explain:					
12. Is any equipment or other property being leased or rented from someone else?  YES NO								
If <b>YES</b> , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not <b>used exclusively</b> for educational purposes at the collegiate level, please state the other uses of the property. If real 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								
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>								
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>								
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>								
Whom should we contact during normal business hours for additional information?								
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						

