EF-264-AH-R13-0522-15000116-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

LELIN COUNTY

Kern County Assessor and Recorder

 $\square$  LEASE

LEASE

LEASE

 $\square$  OWN

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

Laura Avila

## This claim is filed for fiscal year 20 \_\_\_\_\_ - 20 \_\_\_\_\_.

(Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

Th	is claim must be filed by 5:00 p.m., Fel	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name			FOR ASSESSOR'S USE ONLY			
		e and mailing address)	Received by			
	(Assessor's designee)					
			of(county or city)			
	L	٦	on		(date)	
ı£ v	ou no longer seek an exemption at this lo	action shock here Circ and ret	um this forms to th	- Assesser D-	4	
пу	ou no longer seek an exemplion at this lo	cation, check here 🔝 Sign and ret	um this form to th	e Assessor. Da	te vacated:	
NAI	ME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPHONE NUMBER		
CO	RPORATE NAME OF THE COLLEGE					
ADI	DRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION  DATE PROPERTY V					TY WAS FIRST USEI	D BY CLAIMANT
2. I   3. I   3. I   4. I   6. I   7. I	and claims exemption on all Land Does the above institution qualify as a col YES NO Is the institution conducted as a non-profication of the institution require for regular add YES NO Does the institution confer upon its gradual and sciences, or on a course of at least the veterinary medicine, pharmacy, architectural YES NO Is the property for which the exemption is YES NO List all buildings and other improvements	Owner only Operator on Buildings and improvements llege or seminary of learning under the tentity?  The seminary of learning under the tentity?	and/or  and/or  he laws of the Sta r high school cou onal degree, base ich as law, theolo m?  urposes of educat state the primary	rse or its equivated on a course ogy, education, notion?	ellent?  If at least two year nedicine, dentistry	y, engineering, ch a separate
[	sheet if necessary. Indicate whether lease BUILDING & IMPROVEMENTS	ed or owned. Please use a separate		each Assesso NTAL USE	or's Parcel Numb	oer.
}	DOLDING & IIII NO TEMENTO	T KIMAKT OOL	INOIDLI	TIAL OOL	 □ LEASE	□own
}					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM