EF-264-AH-R13-0522-16000253-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Kings County Assessor 1400 W. Lacey Blvd. Hanford, CA 93230

Kristine Lee

559-852-2486 Fax: 559-582-2794

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

| This claim must be filed by 5:00 p.m., Feb | 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 hame | e and mailing address) | Received by _ | | | | |
| | | | (Assessor's | aesignee) | | |
| | | of | (county o | or city) | | |
| | | on | | | | |
| L | _ | on | (da | te) | | |
| If you no longer seek an exemption at this lo | cation, check here Sign and retur | n this form to the | Assessor Data | vacatod: | | |
| ii you no longer seek air exemption at this lo | oation, check here oigh and retui | ii tilis loitii to tile | Assessor. Date | vacateu | | |
| NAME OF CLAIMANT | | | | | | |
| TITLE OF CLAIMANT | | | | DAYTIME TELEPHONE NUMBER | | |
| CORPORATE NAME OF THE COLLEGE | | | (| , | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESC | | DATE PROPERTY WAS FIRST USED BY CLAIMANT | | | | |
| | | | | | | |
| 1. Owner and operator: (check applicable bo | oxes) | | | | | |
| Claimant is: | ☐ Owner only ☐ Operator only | | | | | |
| and claims exemption on all | ☐ Buildings and improvements | and/or \square | Personal property | | | |
| Does the above institution qualify as a col YES NO | lege or seminary of learning under th | e laws 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 adr | mission the completion of a four-year | high school cour | se or its equivaler | nt? | | |
| YES NO | | | | | | |
| 5. Does the institution confer upon its gradua | tes at least one academic or professio | nal degree, base | d on a course of at | least two year | s in liberal arts | |
| and sciences, or on a course of at least th | ree years in professional studies, suc | h as law, theolog | | | | |
| veterinary medicine, pharmacy, architectu YES NO | re, fine arts, commerce, or journalism | 1? | | | | |
| | alabas di caralisa di caralisa basilis fa dibas acc | | 0 | | | |
| 6. Is the property for which the exemption is | claimed used exclusively for the pul | poses of educati | ion? | | | |
| YES NO | | | | | | |
| 7. List all buildings and other improvements sheet if necessary. Indicate whether lease | | | | | | |
| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDEN | TAL USE | | | |
| | | | | LEASE | \square OWN | |
| | | | | LEASE | \square OWN | |
| | | | | LEASE | \square OWN | |
| | | | | LEASE | \square OWN | |
| | | | | LEASE | OWN | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE



TITLE

DATE



NAME OF PERSON MAKING CLAIM