

**LESSEES' EXEMPTION CLAIM**

Declaration of property information as of 12:01 a.m.,  
January 1, 20\_\_.

**Richard Ford****County Assessor-Recorder**

Lake County Courthouse

255 North Forbes Street

Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302

Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY  
COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR  
UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

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To receive the full exemption, this claim must  
be filed with the Assessor by February 15.

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**IDENTIFICATION OF APPLICANT**

LESSEE'S CORPORATE OR ORGANIZATION NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

CORPORATE ID (IF ANY)

**IDENTIFICATION OF PROPERTY**

ADDRESS OF PROPERTY (NUMBER AND STREET)

CITY, COUNTY, ZIP CODE

ASSESSOR'S PARCEL NUMBER

**USE OF PROPERTY** Check and state the primary and incidental qualifying uses of the property.

The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the  
property and the name and address of the lessee)

PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
<input type="checkbox"/> Land		
<input type="checkbox"/> Buildings and Improvements		
<input type="checkbox"/> Personal Property		

☐ Yes ☐ No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?

☐ Yes ☐ No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college,  
state university, or University of California that is used exclusively for community college, state college, state university, or  
University of California purposes?

☐ Yes ☐ No Does the claimant own personal property used at this property for public school purposes?

**Note:** If requested by the assessor, the claimant shall provide a copy of the lease or agreement.

**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 and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

DATE



NAME OF PERSON MAKING CLAIM

TITLE

E-MAIL ADDRESS

DAYTIME TELEPHONE

( )

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**