EF-263-B-R04-0522-17000098-1 BOE-263-B (P1) REV. 04 (05-22)

## LESSEES' EXEMPTION CLAIM

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



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  $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$  **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

To receive the full exemption, this claim must

	be filed with the Assessor by February 15.	
L	_	
If you no longer seek an exemption at this location	on, check here  Sign and return this form to the Ass	sessor. Date vacated:
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.	
	property: (if there are numerous properties, please atta property and the name and address of the le	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to possession a	nd use of the property?
	rator of real or personal property owned by a public sch f California that is used exclusively for community colle es?	
Yes No Does the claimant own person	al property used at this property for public school purpo	oses?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the foregoing s or documents, is true and correct to the best of my kn	
SIGNATURE OF PERSON MAKING CLAIM	·	DATE
NAME OF DEDOON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

