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.")



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

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This claim must be filed by 5:00 p.m., February 15.

	CLAIMAN I NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)					
	Г		Г	F	OR ASSESSOR'	'S USE ONLY	
				Received by _			
					(Assessor's	designee)	
				of	(county	or city)	
	L			on			
					(da	ate)	
NAM	E OF CLAIMANT						
TITL	E OF CLAIMANT				D/ (AYTIME TELEPH	ONE NUMBER
COR	PORATE NAME OF THE COLLEGE				X	/	
	RESS (Street, City, County, State, Zip Code)						
, 12 2							
ASS	ESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
C a a 2. D 3. Is 4. D 5. D ar ve 6. Is 7. Li	wner and operator: <i>(check applicable bc</i> laimant is: Owner and operator and claims exemption on all Land oes the above institution qualify as a col YES NO the institution conducted as a non-profit YES NO oes the institution require for regular adr YES NO oes the institution confer upon its graduat and sciences, or on a course of at least the terinary medicine, pharmacy, architectu YES NO the property for which the exemption is YES NO st all buildings and other improvements neet if necessary. Indicate whether lease	Owner only O Buildings and impro lege or seminary of learn entity? nission the completion of res at least one academic ree years in professional re, fine arts, commerce, o claimed used exclusivel for which exemption is cla	ovements ing under th a four-year or professic studies, suc or journalism y for the pu	and/or he laws of the Stand high school cour onal degree, base thas law, theolog n?	se or its equivaler d on a course of a gy, education, med	nt? t least two year dicine, dentistr	y, engineering,
	LOCATIONS	PRIMARY USE		INCIDEN	TAL USE	7	
							OWN
							OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?							
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income 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 been used for business purposes other than a student bookstore?							
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:							
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, 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 used exclusively 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							
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 							
Whom should we contact during normal business hours for additional information?							
NAME							
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

