EF-264-AH-R13-0522-17000236-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE**

This claim is (Example: a p would enter "2

EXEMPTION CLAIM
filed for fiscal year 20 20
person filing a t imely claim in January 2011 2011-2012.")

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



## **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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY  Received by				
		of	(cour	nty or city)		
			(****	.,,		
L	_	On(date)				
f you no longer seek an exemption at this	location, check here  Sign and retu	urn this form to the	e Assessor. Dat	e vacated:		
NAME OF CLAIMANT						
ITLE OF CLAIMANT				DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE				,		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable	hoves)					
	or	у				
and claims exemption on all	d Buildings and improvements	and/or	Personal prope	rty		
2. Does the above institution qualify as a o	college or seminary of learning under t	he laws of the Sta	te of California?	?		
3. Is the institution conducted as a non-pro	ofit entity?					
YES NO						
4. Does the institution require for regular a YES NO	admission the completion of a four-yea	r high school cour	rse or its equiva	lent?		
5. Does the institution confer upon its gradu						
and sciences, or on a course of at least veterinary medicine, pharmacy, architecture.			gy, education, m	edicine, dentistry	y, engineering	
YES NO	•					
6. Is the property for which the exemption	is claimed used exclusively for the pr	urposes of educat	ion?			
YES NO						
7. List all buildings and other improvemen	ts for which exemption is claimed and	state the primary	and incidental u	se of each. Attac	ch a separate	
sheet if necessary. Indicate whether lea	sed or owned. Please use a separat	e claim form for	each Assesso	r's Parcel Numl	ber.	
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM