EF-264-AH-R13-0522-21000272-1 BOE-264-AH (P1) REV. 13 (05-22)

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.")

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

| EQUINTY OF MARIA |
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| COUNTY OF MARIN |
| Pasks, service in state states and RECORDER OUTS |

SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.gov

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| ARIN Service (rather |
| DER • COUNTY |
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| inis ciann mast be mea by 5.00 p.m., i ca | ridary io. | | | | | | |
|--|---------------------------------------|---------------------|-------------------|-------------------------|----------------|--|--|
| CLAIMANT NAME AND MAILING ADDRESS | E AND MAILING ADDRESS | | | FOR ASSESSOR'S USE ONLY | | | |
| (Make necessary corrections to the printed name | e and mailing address) | Received by _ | | | | | |
| | | | (Assess | or's designee) | | | |
| | | of | (cou | ınty or city) | | | |
| | | on | | | | | |
| L | | (date) | | | | | |
| f you no longer seek an exemption at this lo | cation, check here Sign and retur | rn this form to the | e Assessor. Da | ite vacated: | | | |
| | _ _ _ _ | | | | | | |
| NAME OF CLAIMANT | | | | | | | |
| FITLE OF CLAIMANT | | | | DAYTIME TELEPH | ONE NUMBER | | |
| | | | | () | | | |
| CORPORATE NAME OF THE COLLEGE | | | | | | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | | | | |
| | | | | | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESC | RIPTION | | DATE PROPER | TY WAS FIRST USE | D BY CLAIMANT | | |
| | | | | | | | |
| I. Owner and operator: (check applicable bo Claimant is: ☐ Owner and operator | oxes) Owner only Derator only | | | | | | |
| and claims exemption on all Land | ☐ Buildings and improvements | | Personal prope | >rtv | | | |
| · — | | | | • | | | |
| 2. Does the above institution qualify as a col YES NO | lege or seminary of learning under th | e laws of the Sta | ite of California | • | | | |
| 3. Is the institution conducted as a non-profit YES NO | entity? | | | | | | |
| 4. Does the institution require for regular adr | nission the completion of a four-year | high school cour | se or its equiva | alent? | | | |
| 5. Does the institution confer upon its gradual and sciences, or on a course of at least th | | | | | | | |
| veterinary medicine, pharmacy, architectu | | | gy, education, n | nedicine, dentisti | y, engineering | | |
| YES NO | | | | | | | |
| 6. Is the property for which the exemption is | claimed used exclusively for the pur | rposes of educat | ion? | | | | |
| YES NO | | | | | | | |
| 7. List all buildings and other improvements | for which exemption is claimed and s | tate the primary | and incidental i | use of each Attac | ch a senarate | | |
| sheet if necessary. Indicate whether lease | | | | | | | |
| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDEN | TAL USE | | | | |
| | | | | LEASE | □ OWN | | |
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



EF-264-AH-R13-0522-21000272

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM