□       □	PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.gov FOR ASSESSOR'S USE ONLY eccived by
Example: a person filing a t imely claim in January 2011 'ould enter "2011-2012.")  This claim must be filed by 5:00 p.m., February 15.  CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)  CL	PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.gov FOR ASSESSOR'S USE ONLY ecceived by
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)       R         C       C         You no longer seek an exemption at this location, check here       Sign and return the sign and sign and return the sign and sign and return the sign and	eceived by
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)       R         C       C         You no longer seek an exemption at this location, check here       Sign and return the sign and sign and return the sign and sign and return the sign and	eceived by
Image: Second	(Assessor's designee)
Image: construction of a four-year hig         Image: construction confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	(Assessor's designee)
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IAME OF CLAIMANT         ITLE OF CLAIMANT         CORPORATE NAME OF THE COLLEGE         DDRESS (Street, City, County, State, Zip Code)         ISSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner only       Operator only         and claims exemption on all       Land         Looes the above institution qualify as a college or seminary of learning under the la         YES       NO         Somes the institution require for regular admission the completion of a four-year hig         YES       NO         Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	(date)
ITLE OF CLAIMANT         CORPORATE NAME OF THE COLLEGE         DDRESS (Street, City, County, State, Zip Code)         ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Oses the above institution qualify as a college or seminary of learning under the la         YES       NO         Is the institution conducted as a non-profit entity?         YES       NO         Does the institution require for regular admission the completion of a four-year hig         YES       NO         Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	s form to the Assessor. Date vacated:
CORPORATE NAME OF THE COLLEGE         DDRESS (Street, City, County, State, Zip Code)         ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         . Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner only       Operator only         and claims exemption on all       Land         Loes the above institution qualify as a college or seminary of learning under the la         YES       NO         . Is the institution conducted as a non-profit entity?         YES       NO         . Does the institution require for regular admission the completion of a four-year hig         YES       NO         . Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
DDRESS (Street, City, County, State, Zip Code)         ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         . Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner only       Operator only         and claims exemption on all       Land         Land       Buildings and improvements         a.       Does the above institution qualify as a college or seminary of learning under the la         YES       NO         . Is the institution conducted as a non-profit entity?         YES       NO         . Does the institution require for regular admission the completion of a four-year hig         YES       NO         . Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	DAYTIME TELEPHONE NUMBER
SSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         . Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner only       Operator only         and claims exemption on all       Land       Buildings and improvements         a. Does the above institution qualify as a college or seminary of learning under the la         YES       NO         b. Is the institution conducted as a non-profit entity?         YES       NO         b. Does the institution require for regular admission the completion of a four-year hig         YES       NO         b. Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
SSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         . Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner only       Operator only         and claims exemption on all       Land       Buildings and improvements         a. Does the above institution qualify as a college or seminary of learning under the la         YES       NO         b. Is the institution conducted as a non-profit entity?         YES       NO         b. Does the institution require for regular admission the completion of a four-year hig         YES       NO         b. Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
<ul> <li>Owner and operator: (check applicable boxes) <ul> <li>Claimant is:</li> <li>Owner and operator</li> <li>Owner only</li> <li>Operator only</li> <li>and claims exemption on all</li> <li>Land</li> <li>Buildings and improvements</li> <li>a</li> </ul> </li> <li>Does the above institution qualify as a college or seminary of learning under the la</li> <li>YES</li> <li>NO</li> <li>Is the institution conducted as a non-profit entity?</li> <li>YES</li> <li>NO</li> <li>Does the institution require for regular admission the completion of a four-year hig</li> <li>YES</li> <li>NO</li> <li>Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?</li> </ul>	
Claimant is: Owner and operator Owner only Operator only and claims exemption on all Land Buildings and improvements a Does the above institution qualify as a college or seminary of learning under the la YES NO Is the institution conducted as a non-profit entity? YES NO Does the institution require for regular admission the completion of a four-year hig YES NO Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption on all       Land       Buildings and improvements       a         Does the above institution qualify as a college or seminary of learning under the lateration of the seminary of learning under the seminary of learning under the lateration of the seminary of learning under the seminary of the seminary of learning under the seminary	
Does the above institution qualify as a college or seminary of learning under the la     YES NO     Is the institution conducted as a non-profit entity?     YES NO     Does the institution require for regular admission the completion of a four-year hig     YES NO     Does the institution confer upon its graduates at least one academic or professional     and sciences, or on a course of at least three years in professional studies, such a     veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	d/or Personal property
YES       NO         Does the institution require for regular admission the completion of a four-year hig         YES       NO         Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	vs of the State of California?
YES NO Does the institution confer upon its graduates at least one academic or professional and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
and sciences, or on a course of at least three years in professional studies, such a veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?	
	school course or its equivalent?
. Is the property for which the exemption is claimed used <b>exclusively</b> for the purpose	legree, based on a course of at least two years in liberal arts
YES NO	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering,
List all buildings and other improvements for which exemption is claimed and state sheet if necessary. Indicate whether leased or owned. <b>Please use a separate cla</b>	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering,
BUILDING & IMPROVEMENTS PRIMARY USE	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering, es of education? the primary and incidental use of each. Attach a separate
	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering, es of education? the primary and incidental use of each. Attach a separate
	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering, es of education? the primary and incidental use of each. Attach a separate <b>im form for each Assessor's Parcel Number</b> .
	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering, es of education? the primary and incidental use of each. Attach a separate im form for each Assessor's Parcel Number. INCIDENTAL USE
	legree, based on a course of at least two years in liberal arts law, theology, education, medicine, dentistry, engineering, es of education? the primary and incidental use of each. Attach a separate im form for each Assessor's Parcel Number. INCIDENTAL USE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

OWN

OWN



EF-	-264-AH-R13-0522-21000117-2 BOE-264-AH (P2) REV. 13 (05-22)				
	<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>				
	<ul> <li>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?</li> <li>YES NO</li> </ul>				
	If <b>YES</b> , 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? YES NO If YES, please explain:				
	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?				
	If <b>YES</b> , 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 <b>used exclusively</b> 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	TITLE				
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			

