EF-268-B-R11-0522-21000310-1

BOE-268-B (P1) REV. 11 (05-22)

## FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

This claim is filed for fiscal year 20 20  (Example: a person filing a timely claim in January 2011 would enter	
"2011-2012.")  NAME AND MAILING ADDRESS  (Make necessary corrections to the printed name and mailing address)	



## 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

A claimant must complete and file this form with the Assessor by February 15.

NAME OF PERSON M	AKING CLAIM	TITLE			
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)				
NAME OF INSTITUTION	DN .				
MAILING ADDRESS C	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER			
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE			
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION				
Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	opy of the lease or agreement.			
LIBRARY	MUSEUM				
1. Yes No	Is admittance to the library or museum free? If no, please explain:				
2.	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?			
3.   *Yes   No If a museum, is there a charge for viewing the museum contents?					
*If <b>yes</b> , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is a user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organization and the use of the property meet all of the requirements for the exemption.					
4. Yes No	Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?				
	If <b>yes</b> , a copy of the institution's most recent tax return filed with the Internal Property taxes as determined by establishing a ratio of the unrelated busi income will be levied.				
5. Yes No	Is any of the owned property used for sales or business purposes other than a	a bookstore? If yes, please explain:			
6. Yes No	Is any equipment or other property at this location being leased or rented from	n someone else?			
	If <b>yes</b> , list in the remarks section the name and address of the owner and th the property. "Exclusive use" is not required for this exemption, the lessee's p				
	The benefit of a property tax exemption must inure to the lessee institution; to ftaxes paid by the lessor. See section 202.2 of the Revenue and Taxation C	he lessee may be entitled to claim a refund			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



	ty that is owned I eased on	onerty may also he evemn	t if listed under the remarks section below. If leased property is listed, it i	
	the lessor to also claim the			
PROPERTY DESCRIPTION  Land: (Legal description or map book, page and parcel number from most recent tax statement)  Area: (Acres or square feet)		TION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED  Primary use:	
		e and parcel number		
			Incidental use:	
 ☐ Buildings and I	mprovements		Primary use:	
Bldg. No. or Name	No. of No. of Floors Rooms	Type of Construction		
			Incidental use:	
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)		t and acquisition dates if	Primary use:	
			Incidental use:	
REMARKS				
NAME	Whom should we	contact during normal l	business hours for additional information?	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE

