EF-264-AH-R13-0522-22000182-1 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 t imely claim in January 2011 would enter "2011-2012.")

This claim	must be	filed by	5:00	p.m.,	February	15
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Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY					
(Make necessary corrections to the printed name	and mailing address)	Received by					
	•		(Assessor's designee)				
		of	(county or city)				
			(Sounty or only)				
L	_	on	(date)				
If you no longer seek an exemption at this lo	cation, check here Sign and return	n this form to the A	ssessor Date vacated:				
ii you no longer seek an exemption at tills lo	oddon, oncok nore 🔲 Olyn and retui	ii alis loilli to tile A	SSCSSOI. Date vacated,				
NAME OF CLAIMANT							
TITLE OF CLAIMANT	DAYTIME TE	DAYTIME TELEPHONE NUMBER					
CORPORATE NAME OF THE COLLEGE			, ,				
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	D	ATE PROPERTY WAS FIRS	T USED BY CLAIMA			
1. Owner and operator: (check applicable both Claimant is:	☐ Owner only ☐ Operator only ☐ Buildings and improvements lege or seminary of learning under th	and/or	rsonal property of California?				
Does the institution require for regular adr YES NO	nission the completion of a four-year	high school course	or its equivalent?				
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional studies, suc	h as law, theology,					
6. Is the property for which the exemption is	claimed used exclusively for the pur	poses of education	?				
YES NO							
7. List all buildings and other improvements sheet if necessary. Indicate whether lease							
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTA					
			LEA	ASE OWN			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM