EF-263-A-R07-0617-26000756-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

L	To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.			ust be filed ays of the	
ENTIFICATION O	F APPLICANT				
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME				
MAILING ADDRES	S				
CITY, STATE, ZIP (CODE				
CORPORATE ID (II	F ANY)				
ENTIFICATION O					
ADDRESS OF PRO	OPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIF	PCODE			ASSESSOR'S PARC	EL NUMBER
	claim is made for the following p	roperty: (if there are numerous property and the name			
Land		114111111111111111111111111111111111111			
Buildings	and Improvements				
Personal	Property				
☐ Yes ☐ No	The lease confers upon the less	see the exclusive right to posses	sion and use of the	property.	
☐ Yes ☐ No		stitution is one whose property of e, state university, University of			
☐ Yes ☐ No	The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
		ee attests to the above statement and for the exemption. A separate			te the lessee's affidavit
		CERTIFICATIO	N		
I certify (or declar	are) under penalty of perjury und accompanying statements	der the laws of the State of Califo s or documents, is true and corre	rnia that the forego ct to the best of my	ing and all information knowledge and belief	hereon, including any
SIGNATURE OF PERSON MAKING CLAIM				DATE	
NAME OF PERSON N	MAKING CLAIM			TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	FOR EXECUTION BY QUALIFYING INSTITU	TOTAL LEGGLE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the				
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ PUBLIC SCHOOL	☐ STATE COLLEGE ☐ STATE UNIVERSITY	□ NONPROFIT COLLEGE		
NAME OF LESSOR	STATE UNIVERSITY			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT TO	DATE PROPERTY PUT TO EXEMPT USE		
F		MENT		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION			
Yes No The lessee institution ha (one dollar) or any other	as the option at the end of the lease term of acquiring the nominal sum.	ne above property described in the lease for \$1		
	CERTIFICATION			
accompanying state	ury under the laws of the State of California that the fore ements or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

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