F-264-AH-R13-0522-26000207-1		COUNTY OF MC		Nono County Barry Beck, A	/ Office of the Assessor	Assessor	
BOE-264-AH (P1) REV. 13 (05-22)			34	O Box 456 ridgeport, CA 93			
COLLEGE EXEMPTION CLAIM	2 2		Т	elephone: 760-9	932-5510		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")		MUFORNI		Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor			
This claim must be filed by 5:00 p.m., Feb	oruary 15.						
CLAIMANT NAME AND MAILING ADDRESS	-		F	OR ASSESSO	OR'S USE ONLY	,	
(Make necessary corrections to the printed name	and maning address)	Г	Received by	(4	or's designee)		
					or s designee)		
			of	(cou	inty or city)		
			on				
					(date)		
If you no longer seek an exemption at this loo	cation, check here 🗌	Sign and retu	n this form to the	e Assessor. Da	ate vacated:		
NAME OF CLAIMANT							
TITLE OF CLAIMANT					DAYTIME TELEPH	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE					()		
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT	
Claimant is: Owner and operator and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adm YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least the veterinary medicine, pharmacy, architectur YES NO 6. Is the property for which the exemption is a YES NO	Buildings and im lege or seminary of lea entity? nission the completion es at least one acaden ree years in profession re, fine arts, commerce	of a four-year nic or professional studies, suc	and/or e laws of the Sta high school cou nal degree, base th as law, theolog	rse or its equiva ed on a course c gy, education, r	alent?		
7. List all buildings and other improvements f sheet if necessary. Indicate whether lease							
BUILDING & IMPROVEMENTS	PRIMARY L	JSE	INCIDEN	ITAL USE			
						OWN	
						OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-264-AH-R13-0522-26000207-2 BOE-264-AH (P2) REV. 13 (05-22)	
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?	
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable incon as defined in section 512 of the Internal Revenue Code? YES NO 	ne
If YES , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxe as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.	₽S,
10. Has any of the property listed above been used for business purposes other than a student bookstore?	
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 YES , 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 used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If reproperty, 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 an Taxation Code.	nd

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				

