EF-263-A-R07-0617-27000334-1 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)

Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

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.

L	_ commencement date of the lease.			
NTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 - 20	
CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUM			CEL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following property of t	roperty: (if there are numerous properties,	please attach a list that clea	rly identifies the	
	property and the name and addre	ess of the lessee)		
PROPERTY TYPE	PRIMARY USE	INCIDEN	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possession and u	se of the property.		
	stitution is one whose property qualifies for e, state university, University of California,			
Yes No The lessee institution has the o (one dollar) or any other nomina	ption at the end of the lease term of acqui	ring the above property desc	ribed in the lease for \$	
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatment			ete the lessee's affidav	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the or documents, is true and correct to the be			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHOI	NE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LES	SEE INSTITUTION			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
$\overline{\checkmark}$ Check the type of qu	ıalifying use of the prop	perty		
☐ FREE PUBI	LIC LIBRARY	☐ COMMUNITY COLLEG	E UNIVERSITY OF CALIFORNIA	
☐ FREE MUS	EUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SC	HOOL	STATE UNIVERSITY	☐ STATE UNIVERSITY	
AME OF LESSOR				
AILING ADDRESS				
ITY, STATE, ZIP CODE				
OMMENCEMENT DATE OF LEASE DA		DATE PRO	DATE PROPERTY PUT TO EXEMPT USE	
	PIFΔ	 SE ATTACH A COPY OF THE LEA	SE AGREEMENT	
	1 227		SE // SINELWEIW	
	see institution has the ollar) or any other nomi		of acquiring the above property described in the lease for \$1	
		CERTIFICATION		
			a that the foregoing and all information hereon, including any to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM			DATE	
IAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE	
			()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

