EF-264-AH-R13-0522-27000102-1 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 timely claim in January 2011 would enter "2011-2012.")



## **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

This claim must be filed by 5:00 p.m., February 15.			
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)	
	on	(date)	
		(date)	
If you no longer seek an exemption at this location, check here $\ \square$ Sign and return	n this form to the A	Assessor. Date vacated:	
NAME OF CLAIMANT			
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER	
THE ST OF MIN WIT		( )	
CORPORATE NAME OF THE COLLEGE		1, ,	
ADDRESS (Street, City, County, State, Zip Code)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT	
AGGEGGGROTATIONE HOME SECOND FIGURE AND A SECO		on the river entire two river edead by defining and	
4. Ourney and anarotary (about applicable bayes)	I		
<ol> <li>Owner and operator: (check applicable boxes)</li> <li>Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator only</li> </ol>			
•		arachal property	
and claims exemption on all		ersonal property	
2. Does the above institution qualify as a college or seminary of learning under th YES NO	e laws of the State	of California?	
3. Is the institution conducted as a non-profit entity?			
YES NO			
4. Does the institution require for regular admission the completion of a four-year	high school course	e or its equivalent?	
YES NO			
5. Does the institution confer upon its graduates at least one academic or professio	nal degree, based	on a course of at least two years in liberal arts	
and sciences, or on a course of at least three years in professional studies, such		education, medicine, dentistry, engineering,	
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism	1?		
YES NO			
6. Is the property for which the exemption is claimed used ${\it exclusively}$ for the pure ${$	poses of education	า?	
YES NO			

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM