EF-264-AH-R13-0522-30000644-1 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.")

This claim must be filed by 5:00 p.m., February 15.



Claude Parrish **Orange County Assessor**

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www ocassesor dov

This claim must be filed by 5:00 p.m., February 15.		www.ocassessor.gov				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY				
	٦	Received by				
	'	(Assessor's designee)				
		of	(co	ounty or city)		
L	_	on		(date)		
If you no longer seek an exemption at this location, check here $\ \square$ Sign	and retur	n this form to the	Assessor. D	ate vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPHONE NUM	1BER	
CORPORATE NAME OF THE COLLEGE				()		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPE	RTY WAS FIRST USED BY CLA	IMANT	
1. Owner and operator: (check applicable boxes) Claimant is:	•	_	ı Personal prop	perty		
Does the above institution qualify as a college or seminary of learning YES NO	g under th	e laws of the Sta	te of Californi	a?		
3. Is the institution conducted as a non-profit entity? YES NO						
4. Does the institution require for regular admission the completion of a YES NO	four-year	high school cour	se or its equiv	valent?		
5. Does the institution confer upon its graduates at least one academic or and sciences, or on a course of at least three years in professional st veterinary medicine, pharmacy, architecture, fine arts, commerce, or YES NO	udies, suc	h as law, theolog				
6. Is the property for which the exemption is claimed used exclusively	for the pur	poses of educati	ion?			
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



DATE



NAME OF PERSON MAKING CLAIM