EF-268-B-R11-0522-30000712-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY USED SOLELY FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

This claim is filed for fiscal year 20____ - 20_ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



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.ocassessor.gov

A claimant must complete and file this form with the Assessor by February 15.

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If you no longer seel	c an exemption at this location, check here Sign and return this form to the	e Assessor. Date vacated:		
NAME OF PERSON MA	KING CLAIM	TITLE		
NAME AND ADDRESS (OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTION	N			
MAILING ADDRESS OF	INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPER	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CO	DE	LEASE TERMINATION DATE		
DAYS OF THE WEEK OPEN TO THE PUBLIC AND HOURS OF OPERATION				
Check the type of qualifying exclusive use of the property. If filing for the first time, attach a copy of the lease or agreement.				
LIBRARY	MUSEUM			
1. Yes No	Is admittance to the library or museum free? If no, please explain:			
2. *Yes No If a library, is there a user charge for the use of books, periodicals, or facilities?				
3.				
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is a user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organization and the use of the property meet all of the requirements for the exemption.			
	Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxab income as defined in section 512 of the Internal Revenue Code?			
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this c Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gincome will be levied.			
5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:				
6. ☐ Yes ☐ No I	ls any equipment or other property at this location being leased or rented fron	n someone else?		
If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.				
-	The benefit of a property tax exemption must inure to the lessee institution; of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation C	the lessee may be entitled to claim a refund		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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7. List only property that is owned. Leased property may also be exemp not necessary for the lessor to also claim the exemption on the Lessors	t if listed under the remarks section below. If leased property is listed, it is 'Exemption Claim.
PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)	Primary use:
	Incidental use:
Area: (Acres or square feet)	
☐ Buildings and Improvements	Primary use:
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction	
	Incidental use:

Primary use:

Incidental use:

REMARKS

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 contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.					
NAME OF PERSON MAKING CLAIM	TITLE				
SIGNATURE OF PERSON MAKING CLAIM	DATE				



Personal Property: Describe - include cost and acquisition dates if

applicable. (Attach a separate sheet if necessary.)