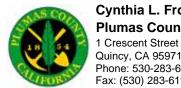
EF-263-A-R06-0612-32000783-1 BOE-263-A (P1) REV. 06 (06-12)

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)



Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment for the exemption, this claim must be filed

	with the Assessor within 120 days of the		
L	_ commence	ement date of the lease	€.
DENTIFICATION OF APPLICANT			
LESSOR'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
DENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 - 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER		
USE OF PROPERTY ✓ Check and state the pr The exemption claim is made for the following prop		ase attach a list that clearl	y identifies the
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
☐ Yes ☐ No The lease confers upon the lesse	e the exclusive right to possession and use o	of the property.	
Yes No As used herein a qualifying instit community college, state college,	ution is one whose property qualifies for the state university, University of California, or n		
Yes No The lessee institution has the opt (one dollar) or any other nominal	ion at the end of the lease term of acquiring sum.	the above property descri	bed in the lease for \$1
Important: A lessee's affidavit, in which the lessee will result in denial of one time reporting treatment			te the lessee's affidavit
	CERTIFICATION		
I certify (or declare) under penalty of perjury under accompanying statements o	the laws of the State of California that the for documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	:

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

	OR EXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
NAME OF QUALIFYING LESSEE INSTITUTION				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the p	property			
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE ASSE	SSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT		
The following property is leased as of Janua etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring options.	the above property described in the lease for \$1		
	CERTIFICATION			
	r under the laws of the State of California that the for nents or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

