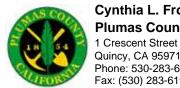
EF-263-A-R06-0612-32000828-1 BOE-263-A (P1) REV. 06 (06-12)

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

To receive one time reporting treatment

CindieFroggatt@countyofplumas.com

L	with the A	for the exemption, this claim must be filed with the Assessor within 120 days of the commencement 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	TY, ZIP CODE ASSESSOR'S PARCEL NUMBER		EL NUMBER	
USE OF PROPERTY Check and state the p	orimary and incidental qualifying uses of the pr	operty.		
The exemption claim is made for the following pro	operty: (if there are numerous properties, ple property and the name and address of		y identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE		
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the lesse	ee the exclusive right to possession and use o	f the property.		
Yes No As used herein a qualifying instiction community college, state college	itution is one whose property qualifies for the e, state university, University of California, or no			
Yes No The lessee institution has the op (one dollar) or any other nominal	otion at the end of the lease term of acquiring I sum.	the above property descri	bed in the lease for \$1	
Important: A lessee's affidavit, in which the lesser will result in denial of one time reporting treatmen			te the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury unde accompanying statements o	er the laws of the State of California that the foor documents, is true and correct to the best o			
SIGNATURE OF PERSON MAKING CLAIM		DATE	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

NAME OF QUALIFYING LESSEE INSTITUTION	CEALOGICAL DI GOALII III O III O III O	1101012 22022		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the pro	perty			
☐ 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 ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT				
etc. Attach a separate listing if necessary.	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 the (one dollar) or any other nom	e option at the end of the lease term of acquiring inal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
	nder the laws of the State of California that the for ats 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

