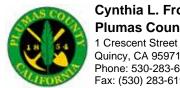
EF-263-A-R07-0617-32000482-1 BOE-263-A (P1) REV. 07 (06-17)

## **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

		for the exemption, this claim must be filed with the Assessor within 120 days of the			
L		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			ASSESSOR'S PARC	EL NUMBER	
USE OF PROPERTY  Check and state the	primary and incidental qualifying	uses of the prope	erty.		
The exemption claim is made for the following polynomials of the following	roperty: (if there are numerous property and the name			y identifies the	
PROPERTY TYPE	PRIMARY USE		INCIDENT	INCIDENTAL USE	
☐ Land					
☐ Buildings and Improvements					
Personal Property					
Yes No The lease confers upon the less	see the exclusive right to posses	sion and use of th	ne property.		
Yes No As used herein a qualifying ins community college, state college	stitution is one whose property of e, state university, University of				
Yes No The lessee institution has the control (one dollar) or any other nomination	option at the end of the lease ter al sum.	m of acquiring the	e above property descri	bed in the lease for \$1	
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme				te the lessee's affidavit	
	CERTIFICATIO	N			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of Califo s or documents, is true and corre	rnia that the foreg ct to the best of m	going and all information by knowledge and belied	n hereon, including any	
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

NAME OF QUALIFYING LESSEE INSTITUTION	FOR EXECUTION BY QUALIFYING INSTITU	TOTAL LEGGLE	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of the			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM ☐ PUBLIC SCHOOL	☐ STATE COLLEGE ☐ STATE UNIVERSITY	□ NONPROFIT COLLEGE	
NAME OF LESSOR	STATE UNIVERSITY		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE DATE PROPERTY		UT TO EXEMPT USE	
F		MENT	
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION		
Yes No The lessee institution ha (one dollar) or any other	as the option at the end of the lease term of acquiring the nominal sum.	ne above property described in the lease for \$1	
	CERTIFICATION		
accompanying state	ury under the laws of the State of California that the fore ements 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

