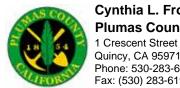
EF-263-A-R07-0617-32000257-1 BOE-263-A (P1) REV. 07 (06-17)

## **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 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment

		with the Assessor within 120 days of the					
L			commencement date of the lease.				
ENTIFICATION O	FAPPLICANT						
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME						
MAILING ADDRES	S						
CITY, STATE, ZIP (	CODE						
CORPORATE ID (I	F ANY)						
ENTIFICATION O	F PROPERTY						
ADDRESS OF PRO	DPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 = 20			
CITY, COUNTY, ZIF	CODE		ASSESSOR'S PARCEL NUMBER				
The exemption	claim is made for the following pr	operty: (if there are numerous property and the name			y identifies the		
F	PROPERTY TYPE	PRIMARY USE		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 the pro	perty.			
☐ Yes ☐ No	No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.						
☐ Yes ☐ No	No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.						
	ssee's affidavit, in which the lesse ial of one time reporting treatmer				te the lessee's affidavit		
		CERTIFICATIO	N				
I certify (or decla	are) under penalty of perjury und accompanying statements	er the laws of the State of Califo or documents, is true and corre					
SIGNATURE OF PER	SON MAKING CLAIM		DATE				
NAME OF PERSON M	IAKING 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

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE							
NAME OF QUALIFYING LESS	EE INSTITUTION						
MAILING ADDRESS							
CITY, STATE, ZIP CODE							
✓ Check the type of qua	alifying use of the property						
☐ FREE PUBLIC LIBRARY ☐ COMMUN		COMMUNIT	Y COLLEGE	☐ UNIVERSITY OF CALIFORNIA			
☐ FREE MUSEUM		☐ STATE COL	LEGE	☐ NONPROFIT COLLEGE			
☐ PUBLIC SCHOOL		STATE UNIVERSITY					
NAME OF LESSOR							
MAILING ADDRESS							
CITY, STATE, ZIP CODE							
COMMENCEMENT DATE OF LEASE			DATE PROPERTY PUT TO EXEMPT USE				
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .			
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI			
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,			
PROPERTY TYPE (REAL OR PERSONAL)							
(NEXTERNATE)							
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA			
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1			
		CERTIFIC	CATION				
	r penalty of perjury under the loop			oing and all information hereon, including any y knowledge and belief.			
SIGNATURE OF PERSON MAKING	CLAIM			DATE			
NAME OF PERSON MAKING CLAI	M			TITLE			
EMAIL ADDRESS			DAYTIME TELEPHONE				
LIMALADDILLOG			/				

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