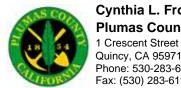
EF-263-A-R07-0617-32000087-1 BOE-263-A (P1) REV. 07 (06-17)

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

	for the exemption, this claim must be filed with the Assessor within 120 days of the				
_ commencement date of the lease.					
ENTIFICATION OF APPLICANT					
LESSOR'S CORPORATE OR ORGANIZATION NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE				·	
CORPORATE ID (IF ANY)					
ENTIFICATION 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 The exemption claim is made for the following p			ach a list that clearl	y identifies the	
	property and the name	and address of the le	ssee)		
PROPERTY TYPE		INCIDENTAL USE			
Land					
☐ Buildings and Improvements					
☐ Personal Property					
Yes No The lease confers upon the less	see the exclusive right to posses	ssion and use of the pr	operty.		
	stitution is one whose property of ge, state university, University of				
Yes No The lessee institution has the control (one dollar) or any other nominations.		m of acquiring the abo	ove 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	ornia that the foregoing act to the best of my kn	and all information	n hereon, including any f.	
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 LESS	EE INSTITUTION	7011011 B1 Q0			
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
Check the type of qua	lifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		COLLEGE UNIVERSITY OF CALIFORNIA			
☐ FREE MUSEUM ☐ STATE COLI		LEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCH	☐ PUBLIC SCHOOL ☐ STATE UNIV		ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	PI FASE AT	TACH A COPY OF	 F THE LEASE AGREE	MENT	
	T ELFROL TRI	17.0117.001 1 01	THE LEMOE MORLE	VI_IVI	
The following property is letc. Attach a separate list PROPERTY TYPE (REAL OR PERSONAL)	eased as of January 1 of this ng if necessary.	as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, ecessary. PROPERTY DESCRIPTION			
	ee institution has the option ar) or any other nominal sum		ease term of acquiring the	ne above property described in the lease for \$1	
		CERTIFIC	CATION		
	penalty of perjury under the ompanying statements or do			going and all information hereon, including any my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM				DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE ()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

