EF-264-AH-R13-0522-32000096-1 BOE-264-AH (P1) REV. 13 (05-22)

**COLLEGE EXEMPTION CLAIM** This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.



## Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

Cindie Froggatt@county of plumas.com

LEASE

LEASE

 $\square$  OWN

	CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY			
	(Make necessary corrections to the printed name		Descional by		
	l	٦	Received by _	(Assessor's designee)	
			of		
				(county or city)	
	L		on	(date)	
	_	_		(====)	
f you n	o longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the	e Assessor. Date vacated:	
UANAE O	DE OLAMANIT				
NAME C	OF CLAIMANT				
TITLE O	F CLAIMANT			DAYTIME TELEI	PHONE NUMBER
				( )	
CORPO	RATE NAME OF THE COLLEGE				
ADDRES	SS (Street, City, County, State, Zip Code)				
ASSESS	SOR'S PARCEL NUMBER OR LEGAL DESCI	RIPTION		DATE PROPERTY WAS FIRST U	SED BY CLAIMANT
	er and operator: (check applicable bo	•	_		
	<u> </u>	Owner only Operator only		Developed are now to	
	claims exemption on all	☐ Buildings and improvements	_	Personal property	
	s the above institution qualify as a coll YES NO	lege or seminary of learning under the	ie laws of the Sta	te of California?	
3. Is the	e institution conducted as a non-profit	entity?			
	YES NO				
4. Does	s the institution require for regular adr	nission the completion of a four-year	high school cour	se or its equivalent?	
	YES NO		_	•	
5. Does	s the institution confer upon its graduat	es at least one academic or profession	nal degree, base	d on a course of at least two ve	ears in liberal arts
and	sciences, or on a course of at least the	ree years in professional studies, su	ch as law, theolog		
	rinary medicine, pharmacy, architectu	re, fine arts, commerce, or journalisr	1?		
ш	YES NO				
	e property for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of educati	on?	
	YES NO				
7. List a	all buildings and other improvements t	for which exemption is claimed and s	tate the primary	and incidental use of each. At	tach a separate
shee	et if necessary. Indicate whether lease	d or owned. Please use a separate	e claim form for	each Assessor's Parcel Nu	mber.
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE	
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



-264-AH-R13-0522-320000 BOE-264-AH (P2) REV. 13 (05-22	2)	parcel since 12:01 a.m., January 1 of last year?		
	If YES, please explain:	parcer since 12.01 a.m., January 1 or last year?		
as defined in section 512  YES NO	of the Internal Revenue Code?	med a student bookstore that generates unrelated business taxable income  the Internal Revenue Service must accompany this claim. Property taxes		
		taxable income to the bookstore's gross income, will be levied.		
	listed above been used for business purp If <b>YES</b> , please explain:	poses other than a student bookstore?		
11. If any business is opera	ed by someone other than the college, a	ttach a copy of the lease or other agreement. Please explain:		
YES NO If YES, list on a separa property listed is not us property, provide the na	sed exclusively for educational purpose ame and address of the owner.	comeone else?  Downer and the type, make, model, and serial number of the property. If the ses at the collegiate level, please state the other uses of the property. If real institution. If taxes paid by the lessor, see section 202.2 of the Revenue and		
	ADDITIONAL REQ	UIRED DOCUMENTATION		
<ul> <li>Attach a separasubstituted.</li> </ul>	ate page showing the requirements for	admission. A current catalog showing the requirements may be		
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>				
Attach a copy o	f the financial statements (balance sheet	and operating statement for the preceding fiscal year.)		
NAME	om should we contact during norma	al business hours for additional information?		
		IIILE		
DAYTIME TELEPHONE  ( )	EMAIL ADDRESS			
		TIFICATION		
		tate of California that the foregoing and all information hereon, including an rrect, and complete to the best of my knowledge and belief.		
SIGNATURE OF PERSON MAKING C	_	TITLE		

DATE



NAME OF PERSON MAKING CLAIM