EF-264-AH-R13-0522-33000319-1 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.")



## Peter Aldana **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890 www.rivcoacr.org

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

CLAIMANT NAME AND MAILING ADDRESS		F	FOR ASSESSOR'S USE ONLY			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	- ,		Possived by			
Г		Received by	(Assess	sor's designee)		
		of		until ou nited		
			(cou	unty or city)		
L	لـ	on		(date)		
If you no longer seek an exemption at this lo	cation_check here ☐ Sign and ret	urn this form to the	e Δesessor Da	ete vacated:		
in you no longer seek an exemption at this lo	oation, oncok here oigh and ref	um tilis lomi to til	C A3363301. De	ile vacaleu		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	IONE NUMBER	
				( )		
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	DIDTION		DATE DRODER	TY WAS FIRST USE	D DV CLAIMANT	
ASSESSOR S PARCEL NUMBER OR LEGAL DESC		DATE PROPER	II WAS FIKST USE	DI CLAIMANI		
1. Owner and operator: (check applicable be Claimant is:	Owner only Operator or Buildings and improvements lege or seminary of learning under t entity?  The seminary of learning under the entity?	and/or  and/or  the laws of the State ar high school countries the schoo	rse or its equiva ed on a course o gy, education, n	alent?		
7. List all buildings and other improvements	for which exemption is claimed and	state the primary	and incidental i	use of each Atta	ch a senarate	
sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE			
				□LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	$\square$ OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	□OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM