EF-268-B-R10-0514-33000843-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

| This claim is filed for fiscal year 20 20 | |
|--|--|
| (Example: a person filing a timely claim in January 2011 would enter | |
| "2011-2012.") | |
| NAME AND MAILING ADDRESS | |
| (Make necessary corrections to the printed name and mailing address) | |

A claimant must complete and file this form with the Assessor by February 15.

| | | | with the Assessor by February 15. |
|------|---------------------------|---|--|
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| | L | ٦ | |
| NAM | E OF PERSON M | IAKING CLAIM | TITLE |
| NAM | E AND ADDRESS | OF OWNER OF LAND AND BUILDINGS (if different from above) | |
| NAM | E OF INSTITUTIO | DN | |
| MAII | ING ADDRESS O | F INSTITUTION (CITY, STATE, ZIP CODE) | |
| | | | |
| ADDI | RESS OF PROPE | RTY (NUMBER AND STREET) | ASSESSOR'S PARCEL NUMBER |
| CITY | , COUNTY, ZIP CO | DDE | LEASE TERMINATION DATE |
| DAYS | S OF THE WEEK | OPEN TO THE PUBLIC AND HOURS OF OPERATION | |
| | Ob a all the a true | f malifying and a fellow of the company of the first factor of the first | 4 time attack a same of the large or a support |
| | Cneck the type ☐ LIBRARY | e of qualifying exclusive use of the property. If filing for the first MUSEUM | t time, attach a copy of the lease of agreement. |
| | | Is admittance to the library or museum free? If no, please ex | xplain: |
| | | , | |
| 2. | *Yes No | If a library, is there a user charge for the use of books, perio | odicals, or facilities? |
| 3. | *Yes No | If a museum, is there a charge for viewing the museum cont | tents? |
| | | Office immediately. The deadline for timely filing a Claim for | s not been filed for the property, please contact the Assessor's Welfare Exemption is February 15 each year. Where there is a d if both the organization and the use of the property meet all of |
| 4. | ☐ Yes ☐ No | Is the property, or a portion thereof, for which the exemption is income as defined in section 512 of the Internal Revenue Co | is claimed a bookstore that generates unrelated business taxable ode? |
| | | If yes , a copy of the institution's most recent tax return filed Property taxes as determined by establishing a ratio of the income will be levied. | with the Internal Revenue Service must accompany this claim. be unrelated business taxable income to the bookstore's gross |
| 5. | ☐ Yes ☐ No | Is any of the owned property used for sales or business purp | poses other than a bookstore? If yes, please explain: |
| 6. | ☐ Yes ☐ No | Is any equipment or other property at this location being leas | sed or rented from someone else? |
| | | If yes , list in the remarks section the name and address of t property. "Exclusive use" is not required for this exemption, t | the owner and the type, make, model, and serial number of the the lessee's possession is sufficient evidence of use. |
| | | The benefit of a property tax exemption must inure to the le taxes paid by the lessor. See section 202.2 of the Revenue a | essee institution; the lessee may be entitled to claim a refund of and Taxation Code. |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.

| PROPER | RTY DESCRIPTION | STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBI |
|--|-----------------------------------|---|
| Land: (Legal description or map book, page and parcel number from most recent tax statement) | | Primary use: Incidental use: |
| Area: (Acres or square feet) | | |
| Buildings and Improvements | S | Primary use: |
| Bldg. No. No. of or Name Floors | No. of Type of Rooms Construction | |
| | | Incidental use: |
| | | |
| applicable. (Attach a separate sheet if necessary.) | | Primary use: |
| | | Incidental use: |
| | | |
| Whon | n should we contact during norma | Il business hours for additional information? |
| NAMIE | | IIILE |
| DAYTIME TELEPHONE | EMAIL ADDRESS | |
| . , , , , , , , , , , , , , , , , , , , | | TIFICATION State of California that the foregoing and all information contained hereilue, correct, and complete to the best of my knowledge and belief. |
| NAME OF PERSON MAKING CLAIM | | TITLE |
| SIGNATURE OF PERSON MAKING CLAI | M | DATE |

