EF-264-AH-R13-0522-34000136-1 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 t imely claim in January 2011 would enter "2011-2012.")

CALIFORNIA

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

This claim must be filed by 5:00 p.m., February 15.				
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name and mailing address)	Received by	Received by		
		(Assess	sor's designee)	
	of	(00)	unty or city)	
		(60)	unity of city)	
L	on		(date)	
If you no longer seek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ırn this form to the	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHONE NUM	VIBER
			()	
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPER	RTY WAS FIRST USED BY CLA	AIMANT
1. Owner and operator: (check applicable boxes)				
Claimant is:	y			
and claims exemption on all $\hfill \square$ Land $\hfill \square$ Buildings and improvements	and/or \square	Personal prop	erty	
2. Does the above institution qualify as a college or seminary of learning under	he laws of the Sta	ate of California	a?	
YES NO				
3. Is the institution conducted as a non-profit entity?				
YES NO				
4. Does the institution require for regular admission the completion of a four-year	r high school cou	ree or ite equiv	ralent?	
YES NO	riigii scriool coul	ise of its equiv	alciit!	
Does the institution confer upon its graduates at least one academic or profess and sciences, or on a course of at least three years in professional studies, st				
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalis		y, caacanon, i	meanine, acrition y, engine	comig,
YES NO				

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



YES

TITLE

DATE



NAME OF PERSON MAKING CLAIM