EF-263-B-R03-0519-36000494-1

BOE-263-B (P1) REV. 03 (05-19)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___.



San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov

909-387-8307 or 1-877-885-7654

Assessor-Recorder-County Clerk

To receive the full exemption, this claim must

Josie Gonzales

DATE

TITLE

DAYTIME TELEPHONE

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies in property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE INCIDENTAL USE Personal Property Personal Property Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property? Yes No Does the claimant a lessee or operator of real or personal property owned by a public school, community college, state university of California that is used exclusively for community college, state university of California purposes? Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.	L	_	be filed with the Assessor by February 15.
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CERTIFICATION		CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, in accompanying statements or documents, is true and correct to the best of my knowledge and belief.			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

E-MAIL ADDRESS