EF-264-AH-R13-0522-36000284-1 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.

Josie Gonzales Assessor-Recorder-County Clerk

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
			Received by	Received by		
		٦	1 (000) (00 5)	(Assess	sor's designee)	
			of	(50)	unty or city)	
				(601	anty or only)	
	L	on(date)				
f you no	longer seek an exemption at this lo	ocation, check here Sign and retu	rn this form to the	e Assessor. Da	ate vacated:	
NAME OF	CLAIMANT					
TITLE OF	CLAIMANT				DAYTIME TELEPH	ONE NUMBER
	ATE NAME OF THE OOL 1505			()		
CORPOR	ATE NAME OF THE COLLEGE					
ADDRESS	S (Street, City, County, State, Zip Code)					
ACCECC!	DR'S PARCEL NUMBER OR LEGAL DESC		DATE DRODER	TY WAS FIRST USE	D DV CLAIMANT	
ASSESSI	JR 5 PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPER	IT WAS FIRST USE	D B F CLAIMAIN I
Claim and c 2. Does 2. Does 3. Is the YI 4. Does And so veterin YI 6. Is the YI 7. List al	laims exemption on all Land the above institution qualify as a col ES NO institution conducted as a non-profit ES NO the institution require for regular add ES NO the institution confer upon its graduate ciences, or on a course of at least the nary medicine, pharmacy, architectures NO property for which the exemption is ES NO I buildings and other improvements	Owner only Operator only Buildings and improvements llege or seminary of learning under the tentity? The seminary of learning under the tentity?	and/or ne laws of the Sta high school cour onal degree, base ch as law, theolog n? urposes of educati	rse or its equival d on a course of gy, education, r ion?	alent? of at least two year medicine, dentistry	y, engineering. ch a separate
		ed or owned. Please use a separat			or's Parcel Numl	ber.
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
					LEASE	OWN
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					□LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM