EF-263-A-R07-0617-39000619-1 BOE-263-A (P1) REV. 07 (06-17)

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County
44 N San Joaquin Street Suite 230
Stockton, CA 95202-3273
Exemptions: (209) 468-2646
https://www.sjgov.org/department/assessor

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease

L	commencement date of the lease.			
ENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 = 20		
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NUMBER		EL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following property of t		ase attach a list that clearly	y identifies the	
PROPERTY TYPE PRIMARY USE		INCIDENTA	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possession and use o	f the property.		
	stitution is one whose property qualifies for the e, state university, University of California, or ne			
Yes No The lessee institution has the o	ption at the end of the lease term of acquiring al sum.	the above property descri	bed in the lease for \$1	
Important: A lessee's affidavit, in which the lesse will result in denial of one time reporting treatme			te the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	ler the laws of the State of California that the fo or documents, is true and correct to the best o			
SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION	ION	12.1. 1.1.10 1.1.01.1.1	711011/12 220022	
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of	of the property			
FREE PUBLIC LIBRARY	✓ □ COMMUNIT	Y COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COL	LEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIV	ERSITY		
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE		
	PLEASE ATTACH A COPY OF THE LEASE AGREEMENT			
The following property is leased as of etc. Attach a separate listing if necess PROPERTY TYPE (REAL OR PERSONAL)	ased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, g if necessary. PROPERTY DESCRIPTION			
☐ Yes ☐ No The lessee institution	n has the option at the end of the le	ase term of acquiring	the above property described in the lease for \$1	
(one dollar) or any o		, ,		
	CERTIFIC			
	perjury under the laws of the State o statements or documents, is true an		regoing and all information hereon, including any of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON MAKING CLAIM			TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE	

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