EF-263-A-R07-0617-39000353-1 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.			
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 - 20	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCE	ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following p		rties, please attach a list that clearly	v identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENTA	INCIDENTAL USE	
Land				
Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the les	see the exclusive right to possession a	nd use of the property.		
Yes No As used herein a qualifying inscommunity college, state college	stitution is one whose property qualifie ge, state university, University of Califor			
Yes No The lessee institution has the cone dollar) or any other nomin		cquiring the above property descril	ped in the lease for \$1	
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatment			te the lessee's affidavit	
	CERTIFICATION			
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California the s or documents, is true and correct to the			
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			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
$\sqrt{}$ Check the type of qualifying use of th	ne property		
☐ FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY	STATE UNIVERSITY	
AME OF LESSOR			
AILING ADDRESS			
ITY, STATE, ZIP CODE			
OMMENCEMENT DATE OF LEASE DATE PROPI		RTY PUT TO EXEMPT USE	
	PLEASE ATTACH A COPY OF THE LEASE AGRE	EMENIT	
	PLEASE ATTACH A COPT OF THE LEASE AGRE	ELIVIEINI	
Yes No The lessee institution hat (one dollar) or any other	as the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	iury under the laws of the State of California that the forements or documents, is true and correct to the best		
GNATURE OF PERSON MAKING CLAIM		DATE	
AME OF PERSON MAKING CLAIM		TITLE	
MAIL ADDRESS		DAYTIME TELEPHONE	
LWALADALOO		()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

