EF-264-AH-R12-0516-39000493-1 BOE-264-AH (P1) REV. 12 (05-16)

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.")



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

This claim must be filed by 5:00 p.m., February 15.

| CLAIMANT NAME AND MAILING ADDRESS | | | | | | | |
|--|--|---|---|---|--|----------------------------------|--|
| (Make necessary corrections to the printed nam | e and mailing address) | ٦ | F. | DR ASSESS | OR'S USE ONLY | , | |
| | | | | | JI 0 002 01121 | | |
| | | | Received by _ | (Assess | sor's designee) | | |
| | | | of | (00 | until a raited | | |
| L | | _ | | (00) | unty or city) | | |
| | | | on | | (date) | | |
| NAME OF CLAIMANT | | | | | | | |
| TITLE OF CLAIMANT | | | | | DAYTIME TELEPH | ONE NUMBER | |
| TITLE OF CLAIMANT | | | | | () | ONE NOWBER | |
| CORPORATE NAME OF THE COLLEGE | | | | | | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | | | | |
| | | | | | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE | | | | | PROPERTY WAS FIRST USED BY CLAIMANT | | |
| 1. Owner and operator: (check applicable be Claimant is: | Owner only Open Buildings and improving Buildings and Indiana Buildings and Indi | g under the four-year r profession tudies, suc journalism for the pur | e laws of the Stanigh school cour nal degree, base n as law, theolog? poses of educati | se or its equived on a course of the second on the second | alent? of at least two year medicine, dentistry | y, engineering. ch a separate | |
| BUILDING & IMPROVEMENTS | PRIMARY USE | separate (| | TAL USE | s Faicei Numbe | <i>;</i> 1. | |
| DOLDING & IMI NOVEMENTO | I KIMAKI USE | | INCIDEN | IAL UUL | LEASE | □ OWN | |
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-39000493-2 BOE-264-AH (P2) REV. 12 (05-16)

| , | | | | | | |
|--|--|-------------------------------|---|--|--|--|
| 8. Has any construction commenced an YES NO If YES , plea | | ince 12:01 a.m., January 1 | of last year? | | | |
| 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO | | | | | | |
| | ost recent tax return filed with the In o of the unrelated business taxable | | st accompany this claim. Property taxes, ross income, will be levied. | | | |
| 10. Has any of the property listed above NO If YES , plea | | ther than a student booksto | re? | | | |
| 11. If any business is operated by some | one other than the college, attach a | copy of the lease or other a | greement. Please explain: | | | |
| 12. Is any equipment or other property being leased or rented from someone else? YES NO | | | | | | |
| If YES , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner. | | | | | | |
| The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code. | | | | | | |
| | ADDITIONAL REQUIRED | DOCUMENTATION | | | | |
| Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. | | | | | | |
| Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. | | | | | | |
| Attach a copy of the financial | al statements (balance sheet and op | erating statement for the pre | eceding fiscal year.) | | | |
| Whom should we contact during normal business hours for additional information? | | | | | | |
| NAME | | | TITLE | | | |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | | | | | |
| | CERTIFICA | TION | | | | |
| | rjury under the laws of the State of C nts or documents, is true, correct, ar | | and all information hereon, including any knowledge and belief. | | | |
| SIGNATURE OF PERSON MAKING CLAIM | TITLE | | | | | |
| NAME OF PERSON MAKING CLAIM | | | DATE | | | |
| | | | I. | | | |

