EF-263-A-R07-0617-40000317-1 BOE-263-A (P1) REV. 07 (06-17)

NAME OF PERSON MAKING CLAIM

EMAIL ADDRESS

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)



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

To receive one time reporting treatment

TITLE

DAYTIME TELEPHONE

L	١	for the exemption, this claim must be filed with the Assessor within 120 days of the 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 PARCEL NUMBER	
USE OF PROPERTY √ Check and state the prin	mary and incidental qualifying	g uses of the property.		
The exemption claim is made for the following proper	erty: (if there are numerous		at clearly identifies the	
PROPERTY TYPE	PRIMARY USE	INC	INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the lessee	the exclusive right to posses	ssion and use of the property.		
Yes No As used herein a qualifying institute community college, state college, s				
Yes No The lessee institution has the option (one dollar) or any other nominal su		m of acquiring the above property	y described in the lease for \$1	
Important: A lessee's affidavit, in which the lessee a will result in denial of one time reporting treatment for				
	CERTIFICATIO	N		
I certify (or declare) under penalty of perjury under to accompanying statements or o		ornia that the foregoing and all info act to the best of my knowledge ar		
SIGNATURE OF PERSON MAKING CLAIM		DATE	_	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF OUR LEVINO LEGO	AFFIDAVII FOR EXECT	UTION BY QUA	ALIFYING INSTITUTION	UNAL LESSEE	
NAME OF QUALIFYING LESS	EE INSTITUTION				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
✓ Check the type of qua	alifying use of the property				
☐ FREE PUBLIC LIBRARY ☐ COMMUNIT		Y COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM ☐ STATE COL		EGE NONPROFIT COLLEGE			
☐ PUBLIC SCH	HOOL	STATE UNI	ERSITY		
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE			
	ΡΙ ΕΔΩΕ ΔΤΤ		 F THE LEASE AGREEM	ENT .	
	I LLAGE ATT	ACITA COL I OI	THE LEASE AGNEEM	LIVI	
The following property is etc. Attach a separate list		year. If personal p	property is being leased, in	ndicate the type, make, model, serial number,	
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION			
(NEXTERNATE)					
		4 4la a a a a a 4 4la a 1 a		shows are and described in the lease for MA	
	ar) or any other nominal sum.	t the end of the le	ease term of acquiring the	above property described in the lease for \$1	
CERTIFICATION					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.					
SIGNATURE OF PERSON MAKING	CLAIM			DATE	
NAME OF PERSON MAKING CLAIM				TITLE	
EMAIL ADDRESS				DAYTIME TELEPHONE	
LINNILADUALOO				/	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

