## **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.



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

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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

CLAIMAN I NAME AND MAILING ADDRESS (Make necessary corrections to the printed nam	e and mailing address)					
Г.	Г / Т	FOR ASSESSOR'S USE ONLY				
		Received by _				
			(Assesso	r's designee)		
		of	(000	nty or city)		
L			(cour	ity of city)		
_	_	on		(date)		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
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	oxes)					
	r 🔲 Owner only 🔲 Operator onl	у				
and claims exemption on all 🛛 🗌 Land	Buildings and improvements	and/or	Personal prope	rty		
2. Does the above institution qualify as a co	llege or seminary of learning under t	he laws of the Sta	te of California?	2		
YES NO	0 , 0					
3. Is the institution conducted as a non-prof	it entity?					
YES NO	-					
4. Does the institution require for regular ad	mission the completion of a four-yea	r high school cour	se or its equival	lent?		
YES NO		-				
5. Does the institution confer upon its gradua	ites at least one academic or professi	onal degree, base	d on a course of	at least two year	rs in liberal arts	
and sciences, or on a course of at least th	nree years in professional studies, su	ch as law, theolog				
veterinary medicine, pharmacy, architectu	ure, fine arts, commerce, or journalis	m?				
YES NO						
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of educat	ion?			
YES NO						
<ol> <li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li> </ol>						
BUILDING & IMPROVEMENTS	PRIMARY USE		TAL USE			
					OWN	

# THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced ar	nd/or been completed on this parcel since 12:01 a.m., January ase explain:	v 1 of last year?			
as defined in section 512 of the Intern YES NO If <b>YES</b> , a copy of the institution's m	or which an exemption is claimed a student bookstore that ge nal Revenue Code? nost recent tax return filed with the Internal Revenue Service n io of the unrelated business taxable income to the bookstore's	nust accompany this claim. Property taxes,			
10. Has any of the property listed above YES NO If <b>YES</b> , plea	e been used for business purposes other than a student books ase explain:	store?			
11. If any business is operated by some	cone other than the college, attach a copy of the lease or other	r agreement. Please explain:			
	being leased or rented from someone else?				
	e name and address of the owner and the type, make, mode ively for educational purposes at the collegiate level, please dress 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				
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>					
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>					
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
Whom should we contact during normal business hours for additional information?					
NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
CERTIFICATION					

### 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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

