EF-263-A-R06-0612-41000724-1 BOE-263-A (P1) REV. 06 (06-12)

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)



MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, 3rd Floor Redwood City, CA 94063 P 650.363.4501 F 650.599.7456 email: ppdutyauditor@smcacre.gov web: www.smcacre.gov

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 PARCEL 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	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 (one dollar) or any other nomina	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	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	FOR EXECUTION BY QUALIFYING INSTITU	HIONAL LESSEE		
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	property			
FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL ☐ STATE UNIVERSITY AME OF LESSOR				
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE ASS	SESSOR MAY REQUEST A COPY OF THE LEASE	ACREMENT		
THE ASS	BESSOR WAT REQUEST A COPT OF THE LEASE	AGREEMENT		
etc. Attach a separate listing if necessary.	uary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has (one dollar) or any other	s the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1		
	CERTIFICATION			
	ry under the laws of the State of California that the for ments or documents, is true and correct to the best or			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		
LIMINILADUNLOO		()		

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