COLLEGE EXEMPTION CLAIM



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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.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed na	me and mailing address)					
	Γ		Г	F	OR ASSESSOR	'S USE ONLY	,
				Received by _			
					(Assessor's	s designee)	
				of	(county	or citv)	
	L				(000)		
				on	(d	ate)	
NAME	OF CLAIMANT						
IIILE (DF CLAIMANT				(AYTIME TELEPH	ONE NUMBER
CORPO	DRATE NAME OF THE COLLEGE					/	
	CO (Otreach Oite Ocurrente Otata Zin Ocada)						
ADDRE	SS (Street, City, County, State, Zip Code)						
ASSES	SOR'S PARCEL NUMBER OR LEGAL DES	SCRIPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
1. Owi	ner and operator: (check applicable						
		or Owner only Ope					
and	claims exemption on all	d Buildings and improve	ements	and/or	Personal property	у	
	es the above institution qualify as a of YES NO	college or seminary of learning	g under th	e laws of the Sta	te of California?		
3. Is th	ne institution conducted as a non-pro	ofit entity?					
	YES NO						
	es the institution require for regular a YES NO	dmission the completion of a	four-year	high school cour	rse or its equivale	nt?	
	s the institution confer upon its gradu						
	sciences, or on a course of at least erinary medicine, pharmacy, archited				gy, education, me	dicine, dentistr	y, engineering,
	YES NO		journalish	1:			
	ne property for which the exemption	is claimed used exclusively	for the nur	moses of educati	ion?		
	YES NO						
		a for which avamation is claim	nod ond o	toto the primary	and incidental up	a of a cab Atta	h a concrete
	all buildings and other improvement et if necessary. Indicate whether lea		neu anu s	late the phillary		e of each. Allac	n a separate
	LOCATIONS	PRIMARY USE		INCIDEN	ITAL USE		
							OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



YES NO If YES , please explain: 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:	8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of la YES NO If YES , please explain:	ist year?					
YES NO If YES, please explain: 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain: 12. Is any equipment or other property being leased or rented from someone else? I 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. 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 statements (balance sheet and operating statement for the preceding fiscal year.) NMME ITTLE Definitional information? NMME EMALADDRESS OPTIME TELEPHONE ITTLE	as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this clair						
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 statements (balance sheet and operating statement for the preceding fiscal year.) Whom should we contact during normal business hours for additional information? NME ITTLE DAVITIME TELEPHONE EMAIL ADDRESS CERTIFICATION EMAIL ADDRESS	10. Has any of the property listed above been used for business purposes other than a student bookstore?						
PES 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 statements (balance sheet and operating statement for the preceding fiscal year.) NAME ITTLE DATIME EMAIL ADDRESS CERTIFICATION	11. If any business is operated by someone other than the college, attach a copy of the lease or other agree	ment. Please explain:					
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() CERTIFICATION							
	DAYTIME TELEPHONE EMAIL ADDRESS						
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accompanying statements of 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			

