EF-263-B-R04-0522-43000253-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



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PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) **Greg Monteverde Acting Assessor**

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

To receive the full exemption, this claim must be filed with the Assessor by February 15.

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If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:		
IDENTIFICATION OF APPLICANT		
LESSEE'S CORPORATE OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	perty.
The exemption claim is made for the following p	roperty: (if there are numerous properties, plea property and the name and address of	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		
Yes No Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?		
Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?		
Yes No Does the claimant own personal property used at this property for public school purposes?		
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best of	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

