EF-264-AH-R13-0522-43000239-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

## This claim must be filed by 5:00 p.m., February 15.



## **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

LEASE

LEASE

 $\square$  OWN

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	e and mailing address)	Received by _			
			(Assesso	or's designee)	
		of	(cou	nty or city)	
		on			
L On(date)					
If you no longer seek an exemption at this lo	cation, check here  Sign and retu	urn this form to the	Assessor. Da	te vacated:	
,					
NAME OF CLAIMANT					
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER				
CORPORATE NAME OF THE COLLEGE				<u> </u>	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
NOOLOON OF THIOLE NOMBER OF LEGAL BEGO		DATE FROI EIX	T WASTINGT GOL	D D I OLI (IIVI) (IVI)	
·	Owner only Operator onl				
and claims exemption on all			Personal prope	-	
Does the above institution qualify as a col     YES  NO	lege or seminary of learning under the	he laws of the Sta	te of California	?	
3. Is the institution conducted as a non-profit YES NO	t entity?				
Does the institution require for regular adr     YES    NO	mission the completion of a four-yea	r high school cour	se or its equiva	lent?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu  YES  NO	ree years in professional studies, su	ch as law, theolog	d on a course o y, education, m	f at least two year nedicine, dentistry	s in liberal arts y, engineering,
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pu	urposes of educati	on?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM