EF-264-AH-R13-0522-43000264-1 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 timely 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

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CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	d mailing address)	Received by			
			(Assessor's design	iee)	
		of	(county or city)		
L	_	on	(date)		
	_		(date)		
If you no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the	Assessor. Date vaca	ted:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAYTIN	IE TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				/	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	PIPTION		DATE PROPERTY WAS I	FIDST LISER) BY CLAIMANT
ASSESSON S FANGLE NUMBER ON LEGAL DESCRI		DATE PROPERTY WAS I	IKST OSEL) DI CLAIMANI	
Claimant is:	entity? mission the completion of a four-year tes at least one academic or profession ree years in professional studies, such	and/or and/or	se or its equivalent? d on a course of at leas	st two year: e, dentistry	s in liberal arts , engineering,
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educat	on?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM