EF-263-A-R07-0617-49000376-1 BOE-263-A (P1) REV. 07 (06-17)

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)



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the

		with the Assessor within 120 days of the commencement date of the lease.	
L	commence	inent date of the least	;.
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 PAR		EL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following property of t		ase attach a list that clearl	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 of	f the property.	
	stitution is one whose property qualifies for the e, state university, University of California, or no		
Yes No The lessee institution has the o	option at the end of the lease term of acquiring all 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 for 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	:

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
$\sqrt{}$ Check the type of qualifying use of th	ne property		
☐ FREE PUBLIC LIBRARY	☐ COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE	
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY		
AME OF LESSOR			
AILING ADDRESS			
ITY, STATE, ZIP CODE			
OMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	DATE PROPERTY PUT TO EXEMPT USE	
	PLEASE ATTACH A COPY OF THE LEASE AGRE	EMENIT	
	PLEASE ATTACH A COPT OF THE LEASE AGRE	ELIVIEN	
Yes No The lessee institution hat (one dollar) or any other	as the option at the end of the lease term of acquiring nominal sum.	the above property described in the lease for \$1	
	CERTIFICATION		
	iury under the laws of the State of California that the forements or documents, is true and correct to the best		
GNATURE OF PERSON MAKING CLAIM		DATE	
AME OF PERSON MAKING CLAIM		TITLE	
MAIL ADDRESS		DAYTIME TELEPHONE	
LINNILADDILLOO		()	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

