EF-264-AH-R13-0522-49000116-1 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.")



## Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403-2872 Telephone: (707) 565-1888 FAX: (707) 565-3317 sonomacounty.ca.gov/assessor

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
		Received by			
			(Assessor	s designee)	
		of	(count	y or city)	
		on			
L	(date)				
f you no longer seek an exemption at this lo	cation, check here  Sign and retur	rn this form to the	Assessor. Date	vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			\ \	, ,	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
4. Owner and an archen (about anyline black					
<ol> <li>Owner and operator: (check applicable bo Claimant is:</li></ol>	oxes)  Owner only  Operator only	·			
and claims exemption on all	☐ Buildings and improvements		Personal propert	.y	
2. Does the above institution qualify as a coll		e laws of the Sta	te of California?	•	
YES NO					
3. Is the institution conducted as a non-profit	entity?				
YES NO					
4. Does the institution require for regular adr	nission the completion of a four-year	high school cours	se or its equivale	ent?	
YES NO					
<ol><li>Does the institution confer upon its graduat and sciences, or on a course of at least the</li></ol>					
veterinary medicine, pharmacy, architectul			y, education, me	dicine, dentistry	y, engineenig,
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for the pur	rposes of educati	on?		
YES NO					
7. List all buildings and other improvements t					
sheet if necessary. Indicate whether lease	·			's Parcel Numl ─	oer.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM