EF-268-B-R11-0522-49000322-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

This claim i	s filed for fiscal year 20 20
(Example: a p	erson filing a timely claim in January 2011 would enter
"2011-2012.")	
,	NAME AND MAILING ADDRESS
	(Make necessary corrections to the printed name and mailing address)
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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

A claimant must complete and file this form with the Assessor by February 15.

L				
If you no longer see	ek an exemption at this location, check here $\ igsqcup$ Sign and return this form to the	e Assessor. Date vacated:		
NAME OF PERSON M	AKING CLAIM	TITLE		
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)			
NAME OF INSTITUTIO	N			
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)			
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE		
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION			
✓ Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	opy of the lease or agreement.		
LIBRARY	MUSEUM			
	Is admittance to the library or museum free? If no, please explain: If a library, is there a user charge for the use of books, periodicals, or facilitie	s?		
3. *Yes No If a museum, is there a charge for viewing the museum contents?				
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed to Office immediately. The deadline for timely filing a Claim for Welfare Exemption user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organ the requirements for the exemption.	ion is February 15 each year. Where there is a		
4. Yes No	Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?			
	If yes , a copy of the institution's most recent tax return filed with the Internal Property taxes as determined by establishing a ratio of the unrelated busi income will be levied.			
5. Yes No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:				
6. Yes No Is any equipment or other property at this location being leased or rented from someone else?				
If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.				
	The benefit of a property tax exemption must inure to the lessee institution; of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation C			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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	owned. Leased property may also be exempor to also claim the exemption on the Lessors	t if listed under the remarks section below. If leased property is listed, it is 'Exemption Claim.
PROPERTY DESCRIPTION Land: (Legal description or map book, page and parcel number from most recent tax statement)		STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
		Primary use: Incidental use:
Area: (Acres or square	feet)	
Buildings and Improver Bldg. No. No. or Name Floor	of No. of Type of	Primary use:
		Incidental use:
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)		Primary use:
		Incidental use:
REMARKS		
W	/hom should we contact during normal	business hours for additional information?
NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE

