EF-268-B-R11-0522-49000358-1

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 is	s filed for fiscal year 20 20
	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)



## 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	١				
If you no longer see	ek an exemption at this location, check here   Sign and return this form to	the Assessor. Date vacated:			
NAME OF PERSON M	MAKING CLAIM	TITLE			
NAME AND ADDRESS	S OF OWNER OF LAND AND BUILDINGS (if different from above)				
NAME OF INSTITUTION	NC				
MAILING ADDRESS C	OF INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	ERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER			
CITY, COUNTY, ZIP C	ODE	LEASE TERMINATION DATE			
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION				
✓ Check the type	e of qualifying exclusive use of the property. If filing for the first time, attach a	copy of the lease or agreement.			
LIBRARY	MUSEUM				
1. Yes No	Is admittance to the library or museum free? If no, please explain:				
2	If a library is those a year shows for the year of books mariedicals or facility	:2			
	If a library, is there a user charge for the use of books, periodicals, or facility of If a museum, is there a charge for viewing the museum contents?	ies?			
o.		for the manager, places contact the Accessor's			
	*If yes, and a BOE-267, Claim for Welfare Exemption, has not been filed Office immediately. The deadline for timely filing a Claim for Welfare Exemption was the requirements for the exemption.	ption is February 15 each year. Where there is a			
4. Yes No	Is the property, or a portion thereof, for which the exemption is claimed a boo income as defined in section 512 of the Internal Revenue Code?	okstore that generates unrelated business taxable			
	If <b>yes</b> , a copy of the institution's most recent tax return filed with the Internet Property taxes as determined by establishing a ratio of the unrelated but income will be levied.				
5. Yes No	o Is any of the owned property used for sales or business purposes other than	n a bookstore? If yes, please explain:			
6. Yes No	o Is any equipment or other property at this location being leased or rented from	om someone else?			
	If <b>yes</b> , 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				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



BOE-268-B (P2) REV. 11 (05-22)

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, i	it is
not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim.	

Land. (Legal description or map book, page and parcel number from most recent tax statement)	PROPERTY DESCRIPTION			TON	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED		
Area: (Acres or square feet)  Buildings and Improvements Bidg, No. No. of No. of Type of or Name Floors Rooms Construction  Incidental use:  Primary use:  Primary use:  Primary use:  Incidental use:  Primary use:  applicable. (Attach a separate sheet if necessary.)  Whom should we contact during normal business hours for additional information?  NAME  Whom should we contact during normal business hours for additional information?  NAME  EMAIL ADDRESS  CERTIFICATION				e and parcel number			
Bidg, No. No. of No. of No. of Type of Construction    Incidental use:	Area: (Acres or square feet)				incluental use.		
or Name Floors Rooms Construction  Incidental use:    Primary use: applicable. (Altach a separate sheet if necessary.)   Incidental use:    Primary use: Incidental use:   Incidental use:	☐ Buildings and	Improvements			Primary use:		
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)  REMARKS  Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE  (Material Primary use: Incidental use:  Primary use: Incidental use:  Incidental use:  Primary use: Incidental use:  Incidental use:  CERTIFICATION							
applicable. (Attach a separate sheet if necessary.)  REMARKS  Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE  EMAIL ADDRESS  CERTIFICATION					Incidental use:		
applicable. (Attach a separate sheet if necessary.)  Incidental use:  Whom should we contact during normal business hours for additional information?  NAME TITLE  DAYTIME TELEPHONE EMAIL ADDRESS  CERTIFICATION							
Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE  EMAIL ADDRESS  CERTIFICATION					Primary use:		
Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE ( ) EMAIL ADDRESS  CERTIFICATION	арріісавіе. (Аш	acii a separate s	sneet ii necess	sary.)	Incidental use:		
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DAYTIME TELEPHONE  ( )  CERTIFICATION							
DAYTIME TELEPHONE  ( )  CERTIFICATION		Whom	should we d	contact during normal	business hours for additional in	formation?	
( ) CERTIFICATION	NAME						
	DAYTIME TELEPHONE	<u> </u>	EMAI	L ADDRESS			
i cerπity (or deciare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained here, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.		( ) (	-11 - 5			ad all talks are all the state of	
NAME OF PERSON MAKING CLAIM TITLE			aity of perjury nying statem	y unaer the laws of the St ents or documents, is true	ate of California that the foregoing and, correct, and complete to the best o		

DATE



SIGNATURE OF PERSON MAKING CLAIM