EF-263-A-R06-0612-51000694-1 BOE-263-A (P1) REV. 06 (06-12)

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)

SUTTER SUTT

KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

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

L		commencement date of the lease.		
ENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM 20 - 20
CITY, COUNTY, ZIP CODE		ASS	SESSOR'S PARCE	EL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following	property: (if there are numerous			videntifies the
PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE	
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the le	ssee the exclusive right to posses	sion and use of the proper	ty.	
Yes No As used herein a qualifying ir community college, state college	nstitution is one whose property oge, state university, University of			
Yes No The lessee institution has the (one dollar) or any other nomin		m of acquiring the above p	property describ	ped in the lease for \$1
Important: A lessee's affidavit, in which the les will result in denial of one time reporting treatm				e the lessee's affidavit
	CERTIFICATIO	N		
I certify (or declare) under penalty of perjury un accompanying statement	nder the laws of the State of Califo ts or documents, is true and corre			
SIGNATURE OF PERSON MAKING CLAIM		DA	ГЕ	
NAME OF PERSON MAKING CLAIM		TIT	LE	
EMAIL ADDRESS		DA'	YTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

	FOR EXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
NAME OF QUALIFYING LESSEE INSTITUTION				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the	ne property			
☐ FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE			
THE AS	SESSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT		
The following property is leased as of Ja etc. Attach a separate listing if necessary	nuary 1 of this year. If personal property is being leased	, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has (one dollar) or any other	as the option at the end of the lease term of acquiring to r nominal sum.	he above property described in the lease for \$1		
	CERTIFICATION			
	jury under the laws of the State of California that the fore tements or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

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