EF-264-AH-R13-0522-51000089-1 BOE-264-AH (P1) REV. 13 (05-22)



SUTTER COUNTY ASSESSOR 1190 Civic Center Blvd.

**KATHY SCRIVEN** 

Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198

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

COLLEGE EXEMPTION CLAIM
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")
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 addr

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		F	FOR ASSESSOR'S USE ONLY			
	·		(Assess	or's designee)		
		of	/221	ınty or city)		
			(COL	inty Of City)		
L	ل	on(date)				
W	e					
If you no longer seek an exemption at this loc	cation, check here 🔝 Sign and ret	urn this form to the	e Assessor. Da	ite vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER	
THE OF CLAIMANT				( )		
CORPORATE NAME OF THE COLLEGE				,		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT	
ACCESSION OF ANOLE HOWIDEN ON LEGAL DESCRI			DATE I NOT EN		DI OLAHVIANI	
Owner and operator: (check applicable box	YAS)		1			
Claimant is:		lv				
and claims exemption on all Land	☐ Buildings and improvements	_	Personal prope	erty		
Does the above institution qualify as a colle				•		
YES NO	ogo or commary or loanning ander	ino lavio oi tilo oto	no or oumorna	•		
3. Is the institution conducted as a non-profit	entity?					
YES NO						
Does the institution require for regular adm	nission the completion of a four-yea	ar high school cour	se or its equiv	alent?		
YES NO	notion the completion of a lour-year		oc or its equive	AIGITE:		
<ul><li>5. Does the institution confer upon its graduate</li></ul>	oo at loost one goodemic or prefeed	ional dograp hass	d on a course a	of at least two year	ro in liberal arts	
and sciences, or on a course of at least thr						
veterinary medicine, pharmacy, architectur			•		, O	
YES NO						
6. Is the property for which the exemption is o	claimed used <b>exclusively</b> for the p	urposes of educat	ion?			
YES NO						
7. List all buildings and other improvements for	or which exemption is claimed and	state the primary	and incidental	use of each. Atta	ch a separate	
sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	$\square$ OWN	
				LEASE	□ OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
		[		LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM