EF-263-B-R02-0810-53000714-1 BOE-263-B (P1) REV. 02 (08-10)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20__.

PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Shanna White County Clerk-Recorder-Assessor

Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

P.O. Box 1255

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L		To receive the full exemption, this claim must be filed with the Assessor by February 15.	
IDENTIFICATION OF APPLICANT			, ,
LESSEE'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			
CITY, COUNTY, ZIP CODE		ASSE	SSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the	oroperty.	
The exemption claim is made for the following p	roperty: (if there are numerous properties, property and the name and address		list that clearly identifies the
PROPERTY TYPE	PRIMARY USE		INCIDENTAL USE
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to poss	ession and use	e of the property?
	rator of real or personal property owned by a p f California that is used exclusively for commu es?		
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreeme	nt.	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the sor documents, is true and correct to the best		
SIGNATURE OF PERSON MAKING CLAIM		DATE	:
NAME OF PERSON MAKING CLAIM		TITLE	<u> </u>
E-MAIL ADDRESS		DAYT	IME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

