EF-264-AH-R13-0522-53000227-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20

County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093

LEASE

Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

Shanna White

- 20

(Example: a person filing a timely claim in Ja would enter "2011-2012.")	nuary 2011	as	ssessor@trinityco	unty.org	
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name	and mailing address)	Received by			
		of	(county	y or city)	
L	٦	on	(0	date)	
If you no longer seek an exemption at this loc	cation, check here 🗌 Sign and retu	ırn this form to the	Assessor. Date	vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				. /	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecturary YES NO 6. Is the property for which the exemption is YES NO 7. List all buildings and other improvements a sheet if necessary. Indicate whether lease	Owner only Operator onl Buildings and improvements lege or seminary of learning under the entity? In entity? In estate the completion of a four-year estate at least one academic or profession at least one academic or profession are years in professional studies, sure, fine arts, commerce, or journalist claimed used exclusively for the put of the or which exemption is claimed and add or owned. Please use a separate	and/or and/or	se or its equivaled on a course of a gy, education, me non?	ent? at least two year edicine, dentistr	y, engineering ch a separate
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				☐ LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



NAME OF PERSON MAKING CLAIM