EF-264-AH-R13-0522-54000269-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

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Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

This claim is filed for fiscal year 20 - 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY Received by				
	(Make necessary corrections to the printed name a					
				(Assessor's c	designee)	
			of	(county o	r city)	
				(county o	i city)	
	L	٦	on	(dat	e)	
If yo	u no longer seek an exemption at this loc	eation, check here 🗌 Sign and retu	ırn this form to the	e Assessor. Date v	/acated:	
NIANA	E OF CLAIMANT					
INAIV	E OF CLAIMANT					
TITL	E OF CLAIMANT			DA (YTIME TELEPH	ONE NUMBER
COR	PORATE NAME OF THE COLLEGE			-	·	
ADD	RESS (Street, City, County, State, Zip Code)					
400	ESSORIS DARCEL NUMBER OR LEGAL DESCR	NIDTION		DATE DRODEDTY M	VAC FIDET LICE	D DV CL AIMANI
ASS	ESSOR'S PARCEL NUMBER OR LEGAL DESCR	DATE PROPERTY WAS FIRST USED BY CLAIMAN				
1 0	wner and operator: (check applicable box	(es)				
		☐ Owner only ☐ Operator only	y			
а	nd claims exemption on all	☐ Buildings and improvements	and/or	Personal property		
2. D	oes the above institution qualify as a colle	ege or seminary of learning under tl	ne laws of the Sta	te of California?		
3. Is	the institution conducted as a non-profit	entity?				
	YES NO					
4. D	oes the institution require for regular adm	nission the completion of a four-year	high school cour	rse or its equivalen	t?	
L						
a	oes the institution confer upon its graduate nd sciences, or on a course of at least thre eterinary medicine, pharmacy, architecture	ee years in professional studies, su	ch as law, theolog			
	YES NO					
6. Is	the property for which the exemption is o	claimed used exclusively for the pu	irposes of educat	ion?		
	YES NO					
	ist all buildings and other improvements for heet if necessary. Indicate whether leased					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE		
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM