EF-263-B-R04-0522-55000085-1 BOE-263-B (P1) REV. 04 (05-22)

## LESSEES' EXEMPTION CLAIM

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



**Tuolumne County Assessor-Recorder** 2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Kaenan Whitman

Email: assessor@tuolumnecounty.ca.gov

## PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

		receive the full exemption, this claim must filed with the Assessor by February 15.
L	٦	
If you no longer seek an exemption at this locati	on, check here $\ \ \ \ $ Sign and return this form to t	he Assessor. Date vacated:
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		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the	primary and incidental qualifying uses of the pro	nnerty
	property: (if there are numerous properties, plea	
,	property and the name and address of	
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 posses	sion and use of the property?
	rator of real or personal property owned by a pul f California that is used exclusively for communit es?	
Yes No Does the claimant own persona	al property used at this property for public schoo	I purposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the for s or documents, is true and correct to the best of	egoing and all information hereon, including any fmy knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
TO THE OF THE COOK WINDS OF THE		IIILL
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

