EF-264-AH-R13-0522-56000255-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

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



Keith Taylor Assessor Of Ventura County

LEASE

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.venturacounty.gov

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

OLAMANTANA AND MAILING ADDRESS	idaiy io.	F	FOR ASSESSOR'S USE ONLY			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	- /					
Γ	٦	Received by _	(Assessor's des	signee)		
		of				
			(county or c	city)		
L	_	on	(date)			
If you no longer seek an exemption at this loc	ation, check here 🗌 Sign and ret	urn this form to the	e Assessor. Date va	cated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT			DAY"	TIME TELEPHO	ONE NUMBER	
CORPORATE NAME OF THE COLLEGE			, ,			
ADDRESS (Street, City, County, State, Zip Code)						
, 123. 1230 (2000), 2001. (c), 2001. (c), 210. (c)						
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 colle YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adm YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least threveterinary medicine, pharmacy, architecture YES NO 6. Is the property for which the exemption is conference or conference or course of at least threveterinary medicine, pharmacy, architecture YES NO 7. List all buildings and other improvements for	entity? ission the completion of a four-year es at least one academic or profession studies, so ee years in professional studies, so e, fine arts, commerce, or journalis claimed used exclusively for the profession of the profes	and/or and/or he laws of the Star r high school cour onal degree, base ich as law, theolog m? urposes of educations state the primary is	se or its equivalent? d on a course of at le gy, education, medic on? and incidental use o	east two year ine, dentistry	y, engineering,	
sheet if necessary. Indicate whether leased BUILDING & IMPROVEMENTS	d or owned. Please use a separate	e claim form for		'arcel Numb	ber.	
BUILDING & IMPROVEMENTS	FRIMARI USE	INCIDEN		LEASE	□own	
				LEASE	OWN	
				LEASE	OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM