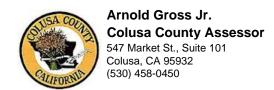
EF-263-A-R06-0612-06000699-1 BOE-263-A (P1) REV. 06 (06-12)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

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



To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

I	_	commencement date of the lease.		
DENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				_
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAIM 20 20
CITY, COUNTY, ZIP CODE	ASSESSOR'S PARCEL NU			EL NUMBER
USE OF PROPERTY  Check and state the The exemption claim is made for the following property.	primary and incidental qualifying roperty: (if there are numerous property and the name	properties, please atta		y identifies the
PROPERTY TYPE	PROPERTY TYPE PRIMARY USE INCIDE		INCIDENTA	AL USE
Land				
☐ Buildings and Improvements				
Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possess	sion and use of the pr	roperty.	
Yes No As used herein a qualifying ins community college, state college	stitution is one whose property q ge, state university, University of 0			
Yes No The lessee institution has the control (one dollar) or any other nomina	option at the end of the lease terral sum.	n of acquiring the abo	ove property descri	bed in the lease for \$1
Important: A lessee's affidavit, in which the less will result in denial of one time reporting treatme				te the lessee's affidavit
	CERTIFICATIO	N		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of Califol s or documents, is true and correc			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS			DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

	OR EXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
NAME OF QUALIFYING LESSEE INSTITUTION				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the p	property			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE			
THE ASSE	SSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT		
The following property is leased as of Janua etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring options.	the above property described in the lease for \$1		
	CERTIFICATION			
	r under the laws of the State of California that the for nents or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

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