EF-264-AH-R13-0522-10000099-1

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.")



PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RECORDEF

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 https://www.fresnocountyca.gov/Departments/Asses

This claim must be filed by 5:00 p.m., Feb	ruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
[mane necessary conscions to the pinned name	—	Received by _	(Assessor's designee)		
			(Hoodsoor a dealghee)		
		of	(county or city)		
		on			
L	J	(date)			
If you no longer seek an exemption at this loc	ation, check here Sign and re	turn this form to the	Assessor. Date vacated		
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAYTIME T	ELEPHONE NUMB	BER
CORPORATE NAME OF THE COLLEGE			()		
ADDRESS (Street, City, County, State, Zip Code)					
, 123. 1230 (3.1301, 3.13), 3.14.10, 2.14 3.14.10,					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRE	ST USED BY CLAIM	ЛАNТ	
1. Owner and operator: <i>(check applicable box</i> Claimant is: ☐ Owner and operator		als.			
and claims exemption on all	☐ Owner only ☐ Operator or ☐ Buildings and improvements		Personal property		
Does the above institution qualify as a colle	-				
YES NO	ege of seminary of learning under	the laws of the Sta	te di Gamornia :		
3. Is the institution conducted as a non-profit YES NO	entity?				
Does the institution require for regular adm YES NO	nission the completion of a four-ye	ar high school cour	se or its equivalent?		
5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur	ee years in professional studies, s	uch as law, theolog			
6. Is the property for which the exemption is o	plaimed used evaluaively for the	ournages of advecti	ion?		
YES NO	cialined used exclusively for the p	ourposes or educati	OII?		
7. List all buildings and other improvements for sheet if necessary. Indicate whether lease					rate
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
			□ LE	ASE OWN	N
				ASE OWN	N
				ASE OWN	N
				ASE OWN	N
				_	
					N

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM