PROPERTY U SCHOOL, COI		COLLEGE, ST	ATE	PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RE P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 https://www.fresnocountyca.gov/Departments/	
	OF CLAIM 20 20		ctions)		
NAME AN	ID MAILING ADDRESS				
(Make net	cessary corrections to the printed name and m	ailing address)		A claimant must complete and file this fo with the Assessor by February 15.	orm
L					
If you no longer s	seek an exemption at this locatio	n, check here	Sign and return this for	orm to the Assessor. Date vacated:	
	N OF APPLICANT				
MAILING ADDRES	5				
CITY, STATE, ZIP C	CODE				
CORPORATE ID (IF	= ANY)				
NAME OF SCHOOL	N OF PROPERTY DPERTY (NUMBER AND STREET)				
CITY, COUNTY, ZIP	° CODE			ASSESSOR'S PARCEL NUMBER	
USE OF PROPE	ERTY pe of qualifying exclusive use of	the property			
	SCHOOL		UNIVERSITY	STATE COLLEGE	
	NITY COLLEGE		RSITY OF CALIFORNIA		
IDENTIFICATIO	N OF REAL PROPERTY OWNE	R			
NAME OF OWNER					
MAILING ADDRESS	S				
CITY, STATE, ZIP C	CODE				
YesNo	A copy of the lease agreement is	s attached.	DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE	
	The lease confers upon the less		ve right to possess and us	se the property.	
	The property, or a portion thereo 512 of the Internal Revenue Coo		bookstore that generates	unrelated business taxable income as defined in sec	ction
				ternal Revenue Service must accompany this affidated business taxable income to the bookstore's gr	
	olleges, state universities or the			only applies when lessees are public schools, communities the due date will result in a portion of	
		UMENT IS	SUBJECT TO PUBLI	CINSPECTION	

	11110		10	501
EF-269-4-709-0522-1000				

BOE-268-A (P2) REV. 09 (05-22)

LEASED PROPERTY AS OF JANUARY 1	NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)
Land (Legal description or map book, page and parcel number)	
Buildings and Improvements	
Personal Property (Describe by type, make, model and serial number. If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessor.)	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM	TITLE			
EMAIL ADDRESS	DAYTIME TELEPHONE			
	()			

INSTRUCTIONS FOR FILING

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

IMPORTANT NOTICE

A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. (See section 202.2 of the Revenue and Taxation Code.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

FILING OF AFFIDAVIT

To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

IDENTIFICATION OF APPLICANT

Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

IDENTIFICATION OF PROPERTY

Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USE OF PROPERTY

Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

IDENTIFICATION OF OWNER

Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.

