## LESSEES' EXEMPTION CLAIM

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

Sendy Perez
Glenn County Assessor/Clerk/Recorder
516 W. SYCAMORE ST., 2ND FLOOR
WILLOWS, CA 95988
Phone: (530) 934-6402
FAX: (530) 934-6571
PROPERTY USED EXCLUSIVELY FOR PUBLIC
SCHOOLS, COMMUNITY COLLEGES, STATE
COLLEGES, STATE UNIVERSITIES, OR
UNIVERSITY OF CALIFORNIA
NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address) $\Gamma$

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To receive the full exemption, this claim must be filed with the Assessor by February 15.

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 property.
The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)

| PROPERTY TYPE | PRIMARY USE | INCIDENTAL USE |
| :--- | :--- | :--- |
| $\square$ Land |  |  |
| $\square$ Buildings and Improvements |  |  |
| $\square$ Personal Property |  |  |YesNo Does the lease/agreement confer upon the lessee the exclusive right to possession and use of the property?YesNo Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?

Note: If requested by the assessor, the claimant shall provide a copy of the lease or agreement.

## 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 |
| E-MAIL ADDRESS | DAYTIME TELEPHONE |

