EF-263-B-R04-0522-15000154-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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Laura Avila **Kern County Assessor and Recorder**

Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485

PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS

 $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$

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

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If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:			
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 pro	pperty.	
The exemption claim is made for the following p	roperty: (if there are numerous properties, plea property and the name and address of		
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No Does the lease/agreement con	fer upon the lessee the exclusive right to posses	sion and use of the property?	
Yes No 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?			
Yes No Does the claimant own personal property used at this property for public school purposes?			
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.		
	CERTIFICATION		
	der the laws of the State of California that the for s or documents, is true and correct to the best of		
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
E-MAIL ADDRESS		DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

