EF-263-B-R04-0522-17000070-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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 $({\it Make\ necessary\ corrections\ to\ the\ printed\ name\ and\ mailing\ address})$ **Richard Ford County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

To receive the full exemption, this claim must

| L | be filed with the Assessor by February 15. | |
|---|---|---|
| If you no longer seek an exemption at this locati | on, check here Sign and return this form to the | e 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 |
| | primary and incidental qualifying uses of the prop property: (if there are numerous properties, please property and the name and address of the | e attach a list that clearly identifies the |
| 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 possessi | on and use of the property? |
| | rator of real or personal property owned by a publi f California that is used exclusively for community es? | |
| Yes No Does the claimant own persona | al property used at this property for public school p | ourposes? |
| 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 foreg s or documents, is true and correct to the best of n | |
| SIGNATURE OF PERSON MAKING CLAIM | | DATE |
| NAME OF PERSON MAKING CLAIM | | TITLE |
| E-MAIL ADDRESS | | DAYTIME TELEPHONE |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

