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.")



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

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This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS						
	(Make necessary corrections to the printed name	e and maning address)	Г	F	OR ASSESSOR'	S USE ONLY	,
				Received by _	(Assessor's	designee)	
				of			
	L		1		(county o	or city)	
				on	(da	te)	
	ME OF CLAIMANT					, 	
1.17.1							
TIT	LE OF CLAIMANT				DA (AYTIME TELEPH	ONE NUMBER
CC	RPORATE NAME OF THE COLLEGE					/	
AD	DRESS (Street, City, County, State, Zip Code)						
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPERTY \	NAS FIRST USE	D BY CLAIMANT
1.	Owner and operator: (check applicable bo	oxes)					
	Claimant is: Owner and operator	,	erator only				
	and claims exemption on all	Buildings and improv	ements	and/or	Personal property		
2.	Does the above institution qualify as a col	lege or seminary of learning	g under th	e laws of the Sta	te of California?		
3.	Is the institution conducted as a non-profi	t entity?					
4.	Does the institution require for regular add	nission the completion of a	four-year	high school cour	se or its equivaler	ıt?	
	Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional st	udies, suc	h as law, theolog			
6.	Is the property for which the exemption is	claimed used exclusively	for the pu	poses of educat	ion?		
	YES NO						
	List all buildings and other improvements sheet if necessary. Indicate whether lease						
	BUILDING & IMPROVEMENTS	PRIMARY USE	-		TAL USE]	



 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain: 							
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 							
10. Has any of the property listed above been used for business purposes other than a student bookstore?							
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:							
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner. 							
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.							
ADDITIONAL REQUIRED DOCUMENTATION							
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 							
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 							
• Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)							
Whom should we contact during normal business hours for additional information? NAME TITLE							
DAYTIME TELEPHONE EMAIL ADDRESS							

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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

