EF-264-AH-R13-0522-21000102-1 BOE-264-AH (P1) REV. 13 (05-22)

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.")

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

SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

LEASE

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.org

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	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY				
			Received by				
·		·	(Assessor's designee)				
			of	(county	or city)		
				(county	or only)		
	L	_	on				
If you r	no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	ırn this form to the	e Assessor. Date	vacated:		
NAME C	DF CLAIMANT						
TITLE C	PF CLAIMANT			D	AYTIME TELEPH	ONE NUMBER	
THE OF OLYMAN			()				
CORPO	RATE NAME OF THE COLLEGE						
ADDRE	SS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATI					ATE PROPERTY WAS FIRST USED BY CLAIMANT		
Clain and 2. Doe 3. Is th 4. Doe and vete 6. Is th	rer and operator: (check applicable be mant is:	Owner only Operator only Buildings and improvements llege or seminary of learning under the tentity? The seminary of learning under the tentity?	and/or and/or	rse or its equivale ed on a course of a gy, education, med	nt? t least two year		
	all buildings and other improvements et if necessary. Indicate whether lease						
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE			
					LEASE	\square OWN	
					LEASE	\square OWN	
					LEASE	\square OWN	
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DATE



NAME OF PERSON MAKING CLAIM