EF-264-AH-R13-0522-23000074-1

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.")



Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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

CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY						
(Make necessary corrections to the printed name	Received by _						
•	٦	Treceived by _	(Assesso	or's designee)			
		of	(00.00	nty or city)			
			(Cour	nty or city)			
L	_	on	On(date)				
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	rn this form to the	Assessor. Da	te vacated:			
NAME OF CLAIMANT							
TITLE OF CLAIMANT				DAYTIME TELEPH ()	ONE NUMBER		
CORPORATE NAME OF THE COLLEGE				/ /			
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI	DIDTION		DATE DDODEDT	Y WAS FIRST USE	D BY CLAIMANT		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	AFTION		DATE PROPERT	T WAS FIRST USE	D B F CLAIMANT		
Owner and operator: (check applicable bo Claimant is:	oxes) Owner only Operator only Buildings and improvements		Personal prope	rty			
2. Does the above institution qualify as a col	lege or seminary of learning under th	ne laws of the State	e of California	?			
3. Is the institution conducted as a non-profit YES NO	: entity?						
4. Does the institution require for regular adr	nission the completion of a four-year	high school cours	se or its equiva	lent?			
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, su	ch as law, theology					
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education	on?				
YES NO							
7. List all buildings and other improvements sheet if necessary. Indicate whether lease	for which exemption is claimed and sed or owned. Please use a separat o	state the primary a	ind incidental υ each Assesso	ise of each. Attac r's Parcel Num	ch a separate ber.		
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENT	TAL USE				
				LEASE	\square OWN		
				LEASE	□ OWN		
				LEASE	□ OWN		
				LEASE	OWN		
				LEASE	OWN		
					□ OWN		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM