EF-264-AH-R13-0522-25000046-1 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.

Kristen DePaul **Modoc County Assessor** 204 Sout Court Street, Suite 106

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Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY				
(Make necessary corrections to the printed name	e and mailing address)	Received by _	Received by			
			(Assessor	rs aesignee)		
		of		(county or city)		
		on				
L (date)						
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign and retu	ırn this form to the	e Assessor. Date	e vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT				DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE				\ /		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMANT			
and claims exemption on all Land 2. Does the above institution qualify as a col YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architecture.	Owner only Operator only Buildings and improvements lege or seminary of learning under the tentity? The seminary of learning under the tentity? The seminary of learning under the tentity? The seminary of learning under the tentity?	and/or and/or and/or and/or and/or and/or bne laws of the Sta	se or its equival	ent? at least two year		
YES NO						
6. Is the property for which the exemption is YES NO	claimed used exclusively for the pu	irposes of educat	ion?			
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE		
				LEASE		
				LEASE	OWN	
				LEASE	OWN	
				LEASE		

DATE



NAME OF PERSON MAKING CLAIM