EF-264-AH-R13-0522-26000047-1 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 t imely claim in J anuary 2011 would enter "2011-2012.")

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



Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESS	OR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)		Descriped by	
Γ	٦	Received by	ssor's designee)
		of	
		(0	ounty or city)
L	_	on	(dota)
			(uate)
If you no longer seek an exemption at this loo	cation, check here 🗌 Sign and retui	n this form to the Assessor. [Date vacated:
NAME OF CLAIMANT			
TITLE OF CLAIMANT			DAYTIME TELEPHONE NUMBER
			()
CORPORATE NAME OF THE COLLEGE			
ADDRESS (Street, City, County, State, Zip Code)			
, 122. 1230 (cases, c.s., coans, case, 2.p coac,			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DA			RTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable bo.	xes)		
Claimant is:	☐ Owner only ☐ Operator only		
and claims exemption on all	☐ Buildings and improvements	and/or	perty
Does the above institution qualify as a coll YES NO	ege or seminary of learning under th	e laws of the State of Californ	ia?
3. Is the institution conducted as a non-profit	entity?		
YES NO	Charty.		
Does the institution require for regular adm YES NO	nission the completion of a four-year	high school course or its equi	valent?
5. Does the institution confer upon its graduate and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture.	ree years in professional studies, suc	ch as law, theology, education,	
YES NO			
6. Is the property for which the exemption is	claimed used exclusively for the pur	rposes of education?	
YES NO			
7. List all buildings and other improvements f sheet if necessary. Indicate whether lease			
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			☐ LEASE ☐ OWN
			□ LEASE □ OWN
			☐ LEASE ☐ OWN
			LEASEOWN
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN



TITLE

DATE



NAME OF PERSON MAKING CLAIM