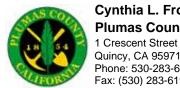
EF-263-A-R06-0612-32000734-1 BOE-263-A (P1) REV. 06 (06-12)

## **QUALIFIED LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES

> NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



## Cynthia L. Froggatt **Plumas County Assessor**

Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195 CindieFroggatt@countyofplumas.com

To receive one time reporting treatment for the exemption, this claim must be filed

L	with the Assessor within 120 days of the commencement date of the lease.			
IDENTIFICATION OF APPLICANT				
LESSOR'S CORPORATE OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
DENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)			FISCAL YEAR OF CLAIM 20 = 20	
CITY, COUNTY, ZIP CODE	CITY, COUNTY, ZIP CODE ASSESSOR'S		EL NUMBER	
USE OF PROPERTY    ✓ Check and state the	primary and incidental qualifying uses of the pro	pperty.		
	property: (if there are numerous properties, pleat property and the name and address of	se attach a list that clearl	y identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE		
Land			_	
☐ Buildings and Improvements				
☐ Personal Property				
Yes No The lease confers upon the less	see the exclusive right to possession and use of	the property.		
	stitution is one whose property qualifies for the ge, state university, University of California, or no			
Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.				
	see attests to the above statement(s) is provided. ent for the exemption. A separate affidavit is requ		te the lessee's affidavit	
	CERTIFICATION			
	der the laws of the State of California that the for s or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE	TITLE	
EMAIL ADDRESS		DAYTIME TELEPHONE	<u> </u>	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

	OR EXECUTION BY QUALIFYING INSTITU	HUNAL LESSEE		
NAME OF QUALIFYING LESSEE INSTITUTION				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qualifying use of the p	property			
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA		
☐ FREE MUSEUM	☐ STATE COLLEGE	☐ NONPROFIT COLLEGE		
☐ PUBLIC SCHOOL	☐ STATE UNIVERSITY			
NAME OF LESSOR				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE		
THE ASSE	SSOR MAY REQUEST A COPY OF THE LEASE	AGREEMENT		
The following property is leased as of Janua etc. Attach a separate listing if necessary.	ary 1 of this year. If personal property is being leased	d, indicate the type, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	PROPERTY DESCRIPTION		
Yes No The lessee institution has to (one dollar) or any other no	the option at the end of the lease term of acquiring options.	the above property described in the lease for \$1		
	CERTIFICATION			
	r under the laws of the State of California that the for nents or documents, is true and correct to the best of			
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CLAIM		TITLE		
EMAIL ADDRESS		DAYTIME TELEPHONE		

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