EF-264-AH-R13-0522-33000058-1 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.")



## Peter Aldana **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890 www.riversideacr.com

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

	CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY				
( [	(Make necessary corrections to the printed name and mailing address)		Received by _				
,		٦	. 100011001 by _	(Assessor's d	designee)		
			of	(county c	or city)		
				(county c	5.13/		
L	_	٦	on	(dat	fe)		
If you no lo	onger seek an exemption at this lo	cation, check here   Sign and retu	rn this form to the	Assessor. Date v	/acated:		
•		_ <b>_ _</b>					
NAME OF C	LAIMANT						
TITLE OF CLAIMANT (					DAYTIME TELEPHONE NUMBER		
CORPORAT	E NAME OF THE COLLEGE						
ADDRESS (	Street, City, County, State, Zip Code)						
ASSESSOR	'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY V	VAS FIRST LISE	D BY CLAIMANT	
7.0020001	O TANGLE NOMBER OR ELOAD DEGO			BALL THOI EATT	7.671.67.662	D D 1 OD 11111 1111	
1. Owner a	and operator: (check applicable bo	oxes)					
Claimar		Owner only	•				
and clai	ms exemption on all	☐ Buildings and improvements	and/or	Personal property			
2. Does th		llege or seminary of learning under th	e laws of the Sta	te of California?			
	stitution conducted as a non-profi	t entity?					
YES		contacty.					
4. Does th	e institution require for regular adı	mission the completion of a four-year	high school cour	se or its equivalen	it?		
YES	S NO						
		tes at least one academic or profession					
		ree years in professional studies, suc re, fine arts, commerce, or journalisn		y, education, med	icine, dentistry	y, engineering,	
YES		,,,,,,,					
6. Is the pr	roperty for which the exemption is	claimed used <b>exclusively</b> for the pu	rposes of educati	on?			
YES	S NO						
		for which exemption is claimed and s					
sheet if	necessary. Indicate whether lease	ed or owned. Please use a separate	claim form for	each Assessor's	Parcel Numl	ber.	
BU	JILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
					LEASE	☐ OWN	
					LEASE	OWN	
					LEASE	OWN	
					LEASE		
					LEASE	$\square$ OWN	
					LEASE	$\square$ OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM