EF-264-AH-R13-0522-34000074-1 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.")

OF SACRA

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

LEASE

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INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

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	Section 1	
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*A	LIFORNIA	

TL	sis alaim movet be filed by 5:00 p.m. Tak				,.g	
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY				
		e and mailing address)	Received by			
				(Assess	or's designee)	
			of	(cou	inty or city)	
	I	I	on		(date)	
		_			(uato)	
f y	ou no longer seek an exemption at this lo	cation, check here Sign and retu	rn this form to the	e Assessor. Da	te vacated:	
NΑ	ME OF CLAIMANT					
ТІТ	TLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
	LE OF CLAIMANT				()	ONE NOMBER
CC	DRPORATE NAME OF THE COLLEGE					
ΑD	DRESS (Street, City, County, State, Zip Code)					
A.S	SSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN
				57.11 E 1 1 1 0 1 E 1 1		22.02
1.	Owner and operator: (check applicable bo	oxes)				
		Owner only	/			
	and claims exemption on all			Personal prope	-	
2.	Does the above institution qualify as a col YES NO	llege or seminary of learning under th	ne laws of the Sta	ate of California	?	
3.	Is the institution conducted as a non-profi	t entity?				
4.	Does the institution require for regular add	mission the completion of a four-year	high school cou	rse or its equiva	alent?	
	Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, su	ch as law, theolog			
	YES NO					
6.	Is the property for which the exemption is	claimed used exclusively for the pu	rposes of educat	ion?		
	YES NO					
	List all buildings and other improvements sheet if necessary. Indicate whether lease					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE		
					LEASE	☐ OWN
					LEASE	☐ OWN
					LEASE	☐ OWN
					LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DATE



NAME OF PERSON MAKING CLAIM