EF-263-B-R04-0522-36000073-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

Declaration of property information as of 12:01 a.m., January 1, 20___



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PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, OR

UNIVERSITY OF CALIFORNIA [Revenue and Taxation Code section 202(a)(3)]

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) **Chris Wilhite** Assessor-Recorder-County Clerk

San Bernardino County Assessor's Office 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov Phone: (909) 387-8307

Toll Free: (877) 885-7654

To receive the full exemption, this claim must be filed with the Assessor by February 15.

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If you no longer seek an exemption at this location	on, check here $\ \ \ \ $ Sign and return this form to t	he Assessor. Date vacated:	
IDENTIFICATION OF APPLICANT			
LESSEE'S CORPORATE OR ORGANIZATION NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)			
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
USE OF PROPERTY Check and state the The exemption claim is made for the following p	primary and incidental qualifying uses of the pro roperty: (if there are numerous properties, plea property and the name and address of	ase attach a list that clearly identifies the	
PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE	
Land			
☐ Buildings and Improvements			
Personal Property			
Yes No Does the lease/agreement con-	fer upon the lessee the exclusive right to posses	ssion and use of the property?	
	rator of real or personal property owned by a pul f California that is used exclusively for communites?		,
Yes No Does the claimant own persona	al property used at this property for public schoo	I purposes?	
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement		
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that the for s or documents, is true and correct to the best of		any
SIGNATURE OF PERSON MAKING CLAIM		DATE	
NAME OF PERSON MAKING CLAIM		TITLE	
E-MAIL ADDRESS		DAYTIME TELEPHONE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

