EF-264-AH-R13-0522-36000079-1 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.")

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



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

CLAIMANT NAME AND MAILING ADDRESS	idaly 10.	F	OR ASSESSO	R'S USE ONLY	<i>r</i>	
(Make necessary corrections to the printed name	and mailing address)					
Γ	I	Received by _	(Assess	or's designee)		
		of	/	inty or city)		
			(COU	inly or city)		
L	on					
If you no longer seek an exemption at this loc	cation, check here Sign and retu	rn this form to the	Assessor. Da	ite vacated:		
NAME OF CLAIMANT						
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER				
CORPORATE NAME OF THE COLLEGE				()		
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT				
and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adm YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur YES NO 6. Is the property for which the exemption is a YES NO 7. List all buildings and other improvements for the second s	Owner only Operator only Buildings and improvements lege or seminary of learning under the entity? Initially only only only only only only only o	and/or ine laws of the State the primary in and/or ine laws of the State the primary in and/or includes the primary includes the primary includes the primary in and/or includes the primary	se or its equivand on a course on?	? alent? of at least two year nedicine, dentistr use of each. Attac	y, engineering, ch a separate	
sheet if necessary. Indicate whether lease	•			or s Parcei Num	Der.	
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE		
				LEASE		
				☐ LEASE	□ OWN	
				LEASE		



DATE



NAME OF PERSON MAKING CLAIM