EF-263-A-R07-0617-40000143-1 BOE-263-A (P1) REV. 07 (06-17)

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)



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

To receive one time reporting treatment for the exemption, this claim must be filed 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) **IDENTIFICATION OF PROPERTY** FISCAL YEAR OF CLAIM ADDRESS OF PROPERTY (NUMBER AND STREET) 20 **-** 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY

√ Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE **INCIDENTAL USE** Land Buildings and Improvements Personal Property Yes No The lease confers upon the lessee the exclusive right to possession and use of the property. Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption. 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. Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee. **CERTIFICATION** I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE DAYTIME TELEPHONE **EMAIL ADDRESS**

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



RETURN THIS AFFIDAVIT TO **LESSOR**

AFFIDAVIT FOR EXECUTION BY OUAL IEVING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
Check the type of qualifying use of	of the property		
☐ FREE PUBLIC LIBRARY ☐ COMMUN		Y COLLEGE	UNIVERSITY OF CALIFORNIA
☐ FREE MUSEUM ☐ STATE CO		LEGE	☐ NONPROFIT COLLEGE
□ PUBLIC SCHOOL □ STATE UNIT		'ERSITY	
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMMENCEMENT DATE OF LEASE		DATE PROPERTY PUT TO EXEMPT USE	
DI FACE ATTAQUA CODVICE THE LEACE ACREEMENT			
PLEASE ATTACH A COPY OF THE LEASE AGREEMENT			
The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary. PROPERTY TYPE			
(REAL OR PERSONAL)	PROPERTY DESCRIPTION		
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.			
· , , , , , , , , , , , , , , , , , , ,	CERTIFIC	CATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM			DATE
NAME OF PERSON MAKING CLAIM			TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

