EF-264-AH-R13-0522-40000060-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

- 20 (Example: a person filing a timely claim in January 2011

This claim is filed for fiscal year 20 would enter "2011-2012.")

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



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

CLAIMANT NAME AND MAILING ADDRESS		F	OR ASSESSO	OR'S USE ONLY	7	
(Make necessary corrections to the printed name and mailing address)		Descrived by				
Γ	I	Received by _	(Assess	sor's designee)		
		of				
		01	(cou	ınty or city)		
		on				
			OTI(date)			
If you no longer seek an exemption at this lo	cation, check here Sign and retu	ırn this form to the	e Assessor. Da	ate 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 DESCRIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT	
1. Owner and operator: (check applicable bo	oxes)					
Claimant is:	Owner only Operator onl	У				
and claims exemption on all	☐ Buildings and improvements	and/or \square	Personal prope	erty		
2. Does the above institution qualify as a col	llege or seminary of learning under t	ne laws of the Sta	te of California	?		
3. Is the institution conducted as a non-profi	t entity?					
4. Does the institution require for regular add YES NO NO	mission the completion of a four-yea	high school cour	se or its equiva	alent?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture.	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	irposes of educat	ion?			
YES NO						
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	OWN	
				LEASE	OWN	
				LEASE	□ OWN	
				LEASE		
					_	
				LEASE	OWN	
				LEASE		

DATE



NAME OF PERSON MAKING CLAIM