EF-263-B-R04-0522-43000067-1 BOE-263-B (P1) REV. 04 (05-22)

LESSEES' EXEMPTION CLAIM

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



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) Lawrence E. Stone **Santa Clara County Assessor**

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

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

L	Je II	led with the Assessor by February 13.
If you no longer seek an exemption at this location	on, check here 🔲 Sign and return this form to th	e 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	primary and incidental qualifying uses of the prop	perty.
	roperty: (if there are numerous properties, pleas property and the name and address of t	e 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 possess	ion and use of the property?
Yes No Is the claimant a lessee or operator of real or personal property owned by a public school, community college, state college, state university, or University of California that is used exclusively for community college, state college, state university, or University of California purposes?		
Yes No Does the claimant own persona	al property used at this property for public school p	ourposes?
Note: If requested by the assessor, the claiman	t shall provide a copy of the lease or agreement.	
	CERTIFICATION	
	der the laws of the State of California that the fore s or documents, is true and correct to the best of r	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF DEPON MAKING CLASS		TITLE
NAME OF PERSON MAKING CLAIM		TITLE
E-MAIL ADDRESS		DAYTIME TELEPHONE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

