EF-264-AH-R13-0522-43000090-1 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., February 15.

CLAIMANT 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

FOR ASSESSOR'S USE ONLY

| CLAIMANT NAME AND MAILING ADDRESS | | | | | |
|--|-----------------------------------|--|--|---------------------------------|-----------------|
| (Make necessary corrections to the printed name and mailing address) | | Received by | | | |
| | | of | · | , | |
| | | | (county or d | city) | |
| L | _ | on | (date) | | |
| f you no longer seek an exemption at this loo | cation, check here Sign and retu | rn this form to the | Assessor. Date va | ıcated: | |
| NAME OF CLAIMANT | | | | | |
| TITLE OF CLAIMANT | | | DAY | TIME TELEPHO | ONE 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 | | | |
| 1. Owner and operator: (check applicable box) Claimant is: | Owner only | and/or | se or its equivalent? d on a course of at le y, education, medic | east two year ine, dentistry | /, engineering. |
| sheet if necessary. Indicate whether lease | d or owned. Please use a separate | claim form for | each Assessor's F | | |
| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDEN | | | |
| | | | | □ LEASE | □ OWN |
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| | | | | _ _ LEASE | OWN |
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| | | | | LEASE | \square OWN |

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DATE



NAME OF PERSON MAKING CLAIM