EF-264-AH-R13-0522-49000135-1 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.

Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403-2872 Telephone: (707) 565-1888 FAX: (707) 565-3317 sonomacounty.ca.gov/assessor

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CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name an	nd mailing address)	Received by _			
			(Assess	or's designee)	
		of	(cou	ınty or city)	
		on			
L (date)					
f you no longer seek an exemption at this loca	ition, check here ☐ Sign and retur	n this form to the	e Assessor. Da	ite vacated:	
	, <u> </u>				
NAME OF CLAIMANT					
FITLE OF CLAIMANT				DAYTIME TELEPH	ONE 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
 Owner and operator: (check applicable boxed Claimant is: ☐ Owner and operator 	es) Owner only Operator only				
	☐ Buildings and improvements		Personal prope	>rtv	
· —				•	
2. Does the above institution qualify as a collect YES NO	ge or seminary of learning under th	e laws of the Sta	te of California	•	
3. Is the institution conducted as a non-profit e	entity?				
4. Does the institution require for regular admis	ssion the completion of a four-year	high school cour	se or its equiva	alent?	
5. Does the institution confer upon its graduates and sciences, or on a course of at least thre					
veterinary medicine, pharmacy, architecture			gy, education, n	nedicine, dentisti	y, engineering
YES NO					
6. Is the property for which the exemption is cla	aimed used exclusively for the pur	poses of educat	ion?		
YES NO					
7. List all buildings and other improvements for	r which exemption is claimed and s	tate the nrimary	and incidental i	use of each. Attac	rh a senarate
sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	\square OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	OWN
				□ LEASE	□OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



TITLE

DATE



SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM